

Name
in
Full

Infant of James W. Anderson

CERTIFICATE OF DEATH

Died at 13th ^{Town} Frederick

County Frederick

MARYLAND

Date
of death 1908

Month June

Day 2

Age 57

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James W. Anderson

Father's
Birthplace

Md

Mother's
Maiden Name

Florence Newton Albright

Mother's
Birthplace

Md

Name of person giving
Information

James W. Anderson

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

Premature Birth

How long

Immediate

Died 506 days before birth

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

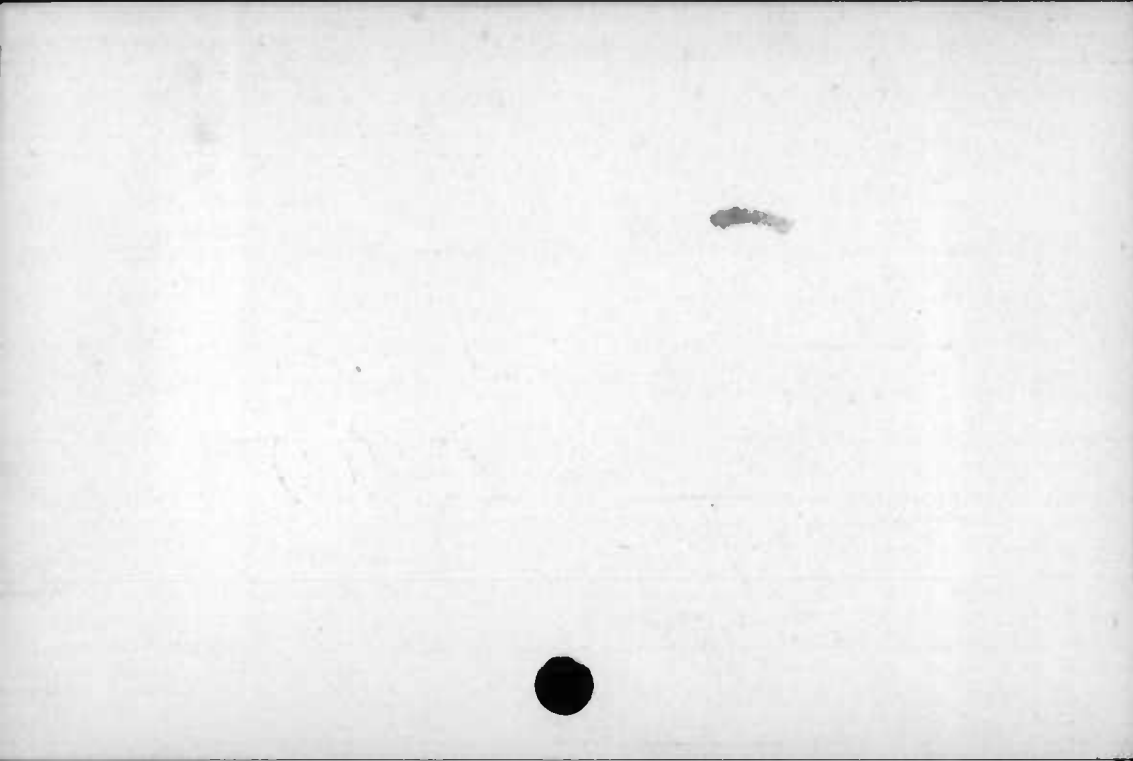
Leon H. Hask

Address

Brunswick
Frederick Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David Samuel Ashbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1908	Month 6	Day 24	Age 63	Years 9	Months 0
Sex		Male		Color or Race		White	
Occupation		Laborer		Birth- place		Carroll Co Md	
Where Residing if not at place of death		Same					
Married, Single or Widowed		Married		Name of Wife or Husband			
Father's Name		John Ashbaugh		Father's Birthplace		Pa	
Mother's Maiden Name		Sarah Mann		Mother's Birthplace		"	
Name of person giving In formation		Mrs Ashbaugh		How related to deceased		Wife	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Cancer of Liver	How long	About 2 yrs
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J M Goodman, Md	
Address		Frederick Md	
Accident or Suicide?		no	

Interment at Mt Pleasant

" June 25 - 08

Thomas P. Rice Exd.

Dr. Goodman

Dr McCurdy.

Name
in
Full

Arthur Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mountview^{County} Frederick

Date of death 1908 June

Day 26

Age 25

Months

Days

Sex

Male

Color or Race

Black

Birth-place

Howard Co

Occupation

Laborer

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

X

Father's Name

Don't know

Father's Birthplace

Don't know

Mother's Maiden Name

Don't know

Mother's Birthplace

" "

Name of person giving information

Harden - Nicholas Passaway

How related to deceased

No relation

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis Subsequent to Insanity

How long

Several months

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

As near as

Signature of Physician

U. G. Bourne M.D.

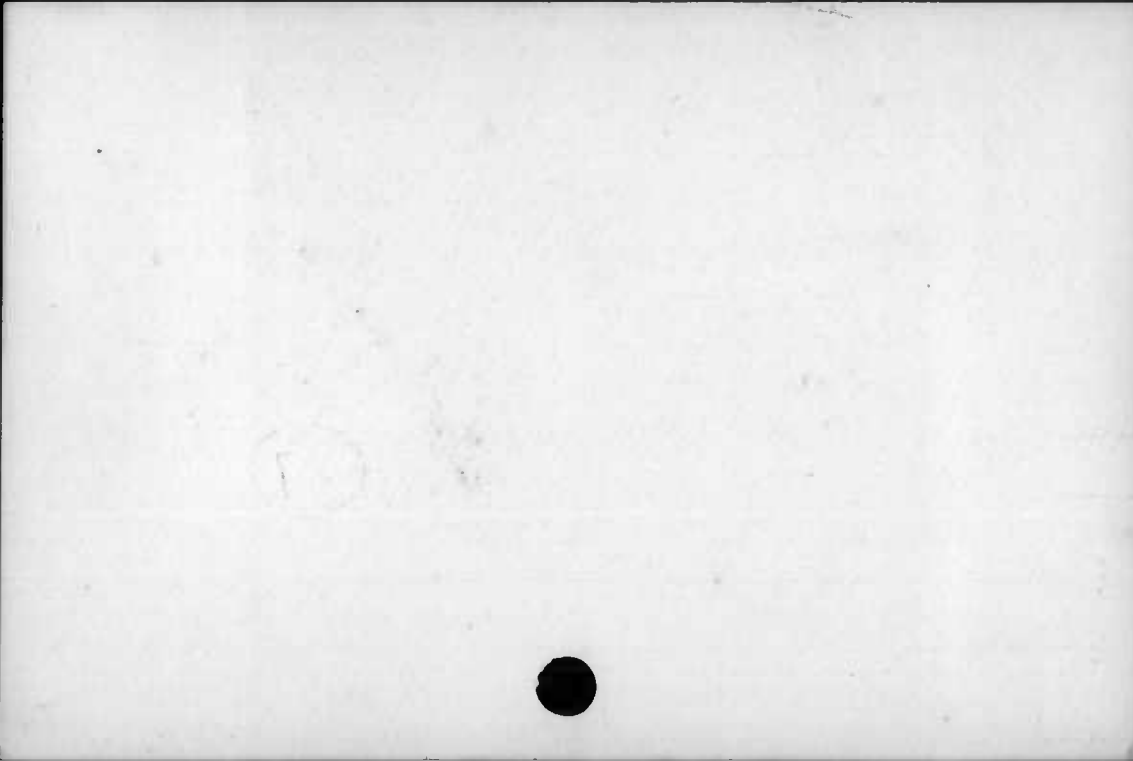
Address

Mountview Hospital

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Joanna Barrie 16

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

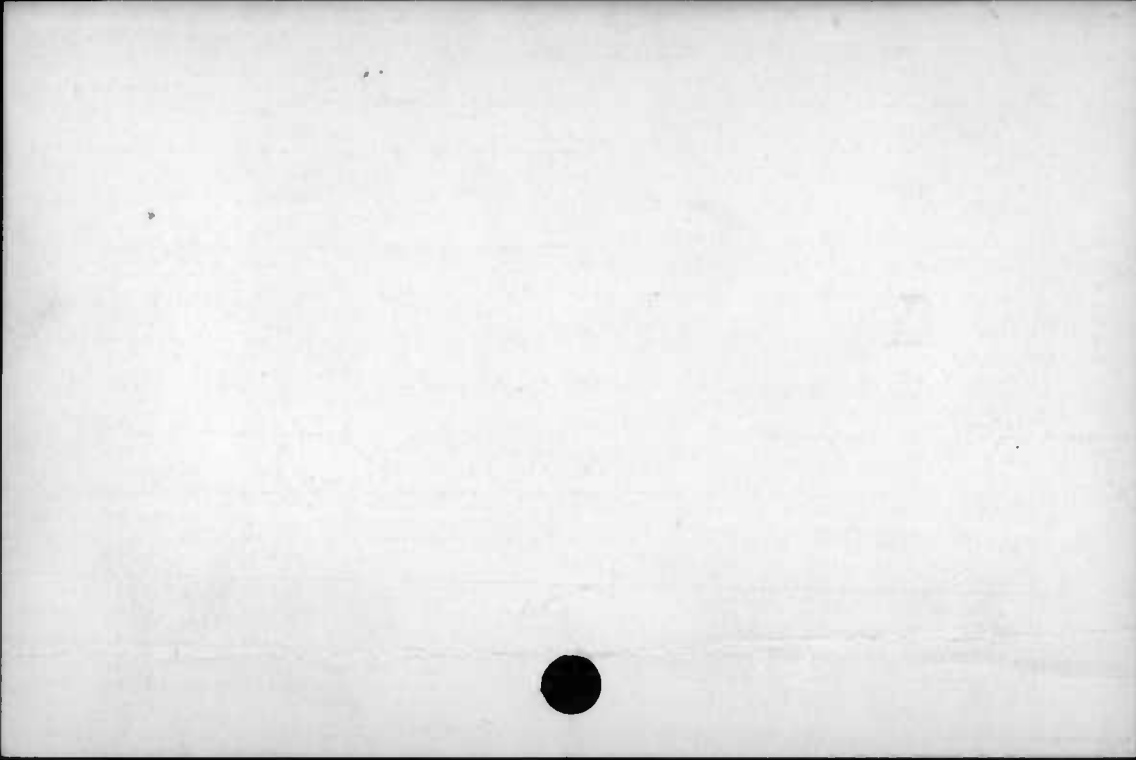
Died at <i>Rocky Ridge</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>2</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Buckeystown, Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Chas. J. Barrie</i>		
Father's Name	<i>Jobe Dix Eichelberger</i>		Father's Birthplace	<i>Pennsylvania</i>	
Mother's Maiden Name	<i>Amy Boomer</i>		Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>S. J. Eichelberger</i>		How related to deceased	<i>Sister-in-law</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Dropsy. Paralysis</i>	How long	<i>5 days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. H. Diller</i>
		Address	<i>Delmar</i>
Accident or Suicide?	<i>No</i>		<i>Maryland</i>



Name
in
Full

Gley A. Barnard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

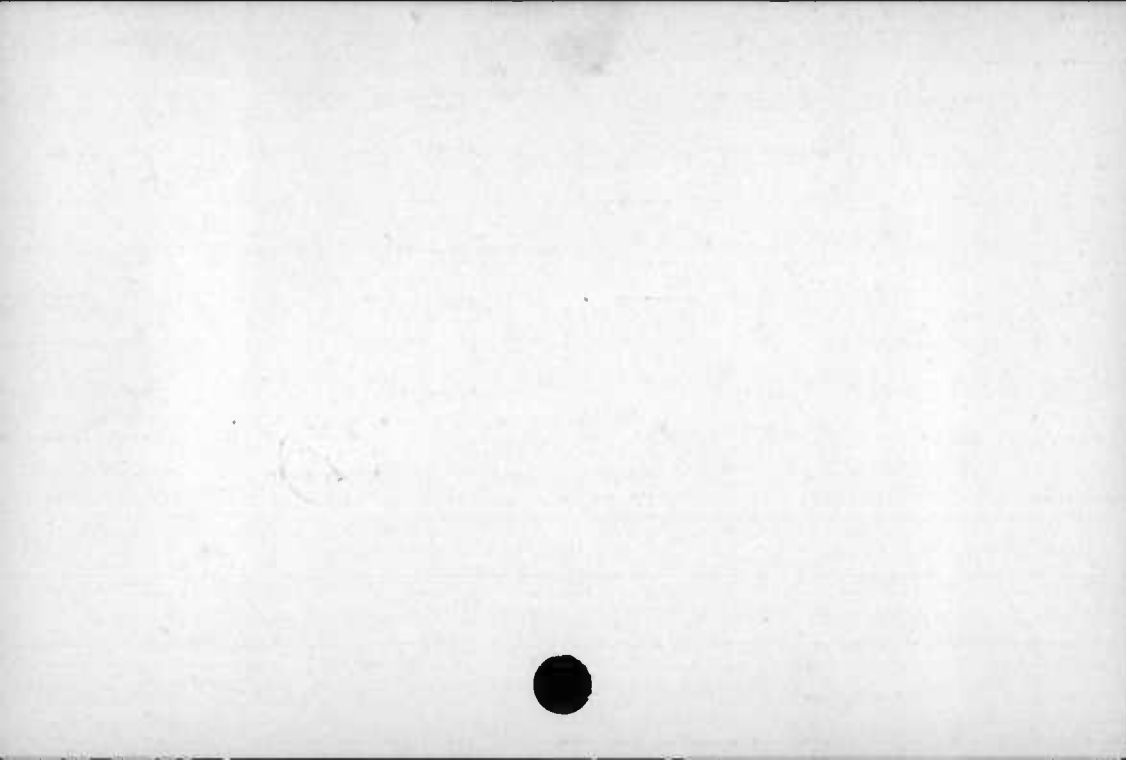
Died at Brunswick		County Frederick		MARYLAND	
Date of death 1908	Month June	Day 24	Age 6	Months 01	Days 26
Sex male	Color or Race white		Birth-place MD		
Occupation school		Where Residing if not at place of death —			
Married, Single or Widowed single	Name of Wife or Husband —				
Father's Name Harry H. Barnard	Father's Birthplace MD				
Mother's Maiden Name B. M. Janusdale	Mother's Birthplace W. Va.				
Name of person giving information Harry H. Barnard	How related to deceased father				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary Tubercular meningitis	How long 1 mo.
Immediate hemorrhage & convulsion	How long 1 wk
Are the name, age, sex, color, date and place correctly given above? ye	Signature of Physician Lionel West
	Address Brunswick
	Frederick Co.
Accident or Suicide?	



Name
in
Full

Newton Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

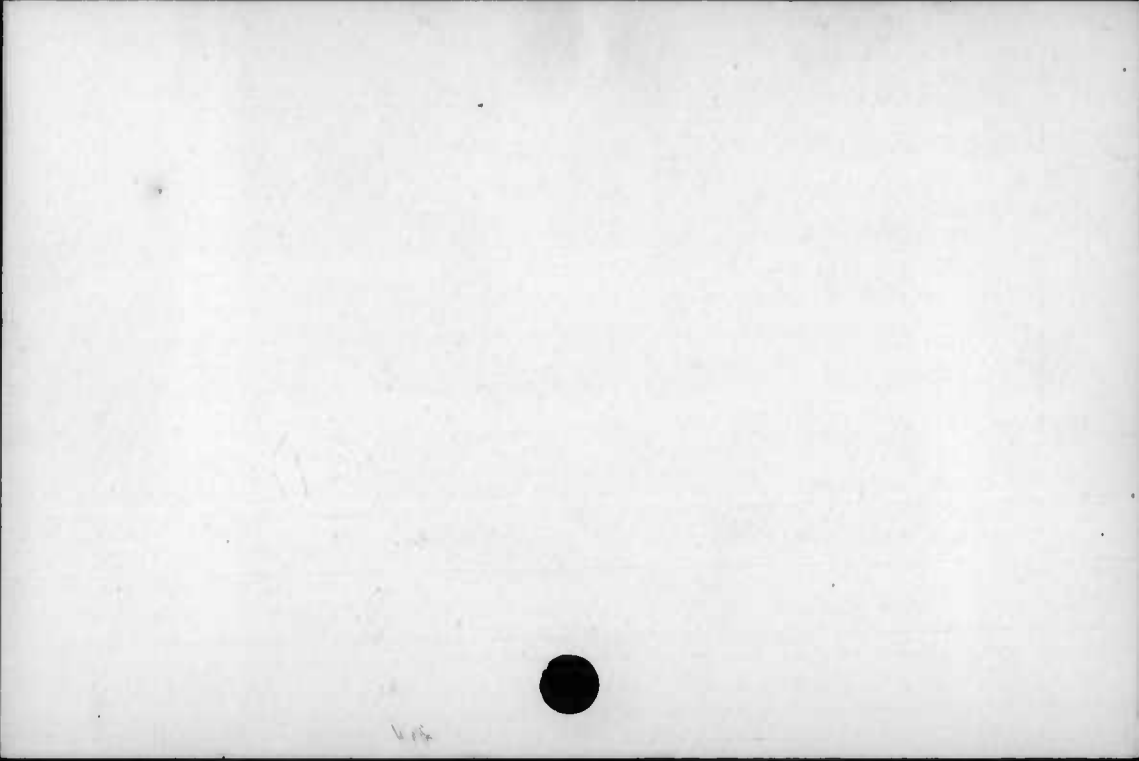
Died at <i>Mountview Hsp</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>18</i>	Age	<i>35</i>	Years	Months <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Montgomery Co Md</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed	<i>Don't know</i>		Name of Wife or Husband <i>Don't know</i>				
Father's Name	<i>" "</i>		Father's Birthplace		<i>Don't know</i>		
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace		<i>" "</i>		
Name of person giving information	<i>Nicholas Gammay</i>				How related to deceased <i>No relation</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis (Pulmonary) Subacute</i>		How long	<i>1 year or more</i>
Immediate	<i>Exhaustion</i>		How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>As near as could be ascertained</i>	Signature of Physician	<i>W. H. Boone M.D.</i>
		Address	<i>Frederick Md</i>	
Accident or Suicide?		<i>X</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		Month June	Day 29	Years Age		Months 3	Days 11
Sex Female		Color or Race white		Birth- place Md			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Raymond Brown		Father's Birthplace Va					
Mother's Maiden Name L. L. Gill		Mother's Birthplace Va					
Name of person giving information Raymond Brown		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Diarrhea	How long	2 weeks
Immediate	Colitis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. H. Horner	
		Address Brunswick Md	
Accident or Suicide?			



Name
in
Full

Carrir Lucinda Bowings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

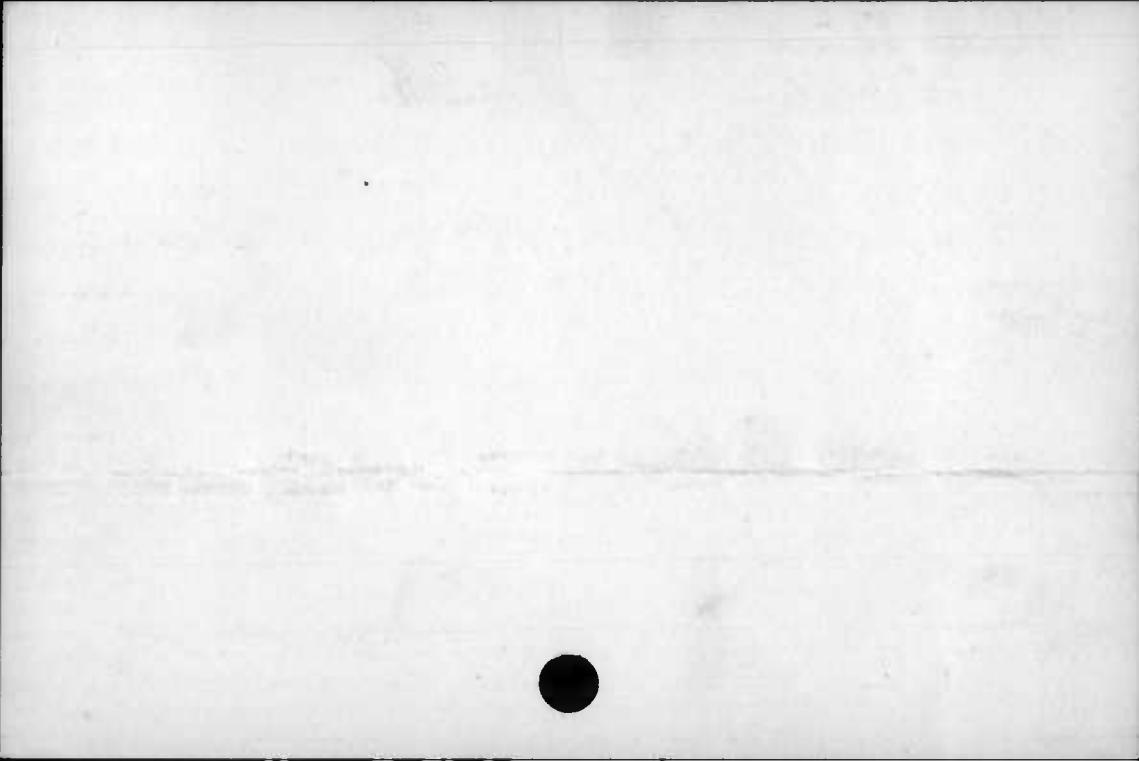
Died at <u>Park Mills</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	<u>1908</u> Year	<u>June</u> Month	<u>23</u> Day	Age <u>Two</u> Years	<u>Two</u> Months <u>21</u> Days
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Adamstown, Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Benjamin Bowings</u>	Father's Birthplace <u>Frederick Co</u>				
Mother's Maiden Name <u>Bessie Pearl</u>	Mother's Birthplace <u>Frederick Co</u>				
Name of person giving information <u>Benjamin Bowings</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>12 weeks</u>
Immediate <u>acute meningitis</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph B. Thomas</u>
	Address <u>Adamstown Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary J. Brown</i>		Town <i>Lincolnton</i>		County <i>Fredricks</i>		MARYLAND			
Died at <i>Lincolnton</i>		Date of death <i>1908</i>		Age <i>65</i>		Months <i>11</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Fredricks Co. Md</i>					
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wm H. Brown</i>							
Father's Name <i>John Crampton</i>		Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Heubner</i>		Mother's Birthplace <i>---</i>							
Name of person giving information <i>John H. Brown</i>		How related to deceased <i>Son.</i>							
		CAUSES OF DEATH		45					

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>6 yrs.</i>
Immediate <i>Craniotomy</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Crampton</i>
	Address <i>Lincolnton</i>
Accident or Suicide? <i>---</i>	

Interment at Hope Hill
" June 20 - 08

Thomas P. Rice F. & D.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Charles Edward Carson

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Graceham^{County} Frederick

Date of death 1908 June

Day 28

Age 41

Months 8

Days 22

Sex Male

Color or Race White

Birth-place Md

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Jesse Miller

Father's Name John Carson

Father's Birthplace Md

Mother's Maiden Name Rebecca Speake

Mother's Birthplace Md

Name of person giving information Jesse Carson

How related to deceased wife

CAUSES OF DEATH

99

Primary Chronic Rheumatic Arthritis

How long 1 yr

Immediate Pulmonary hemorrhage

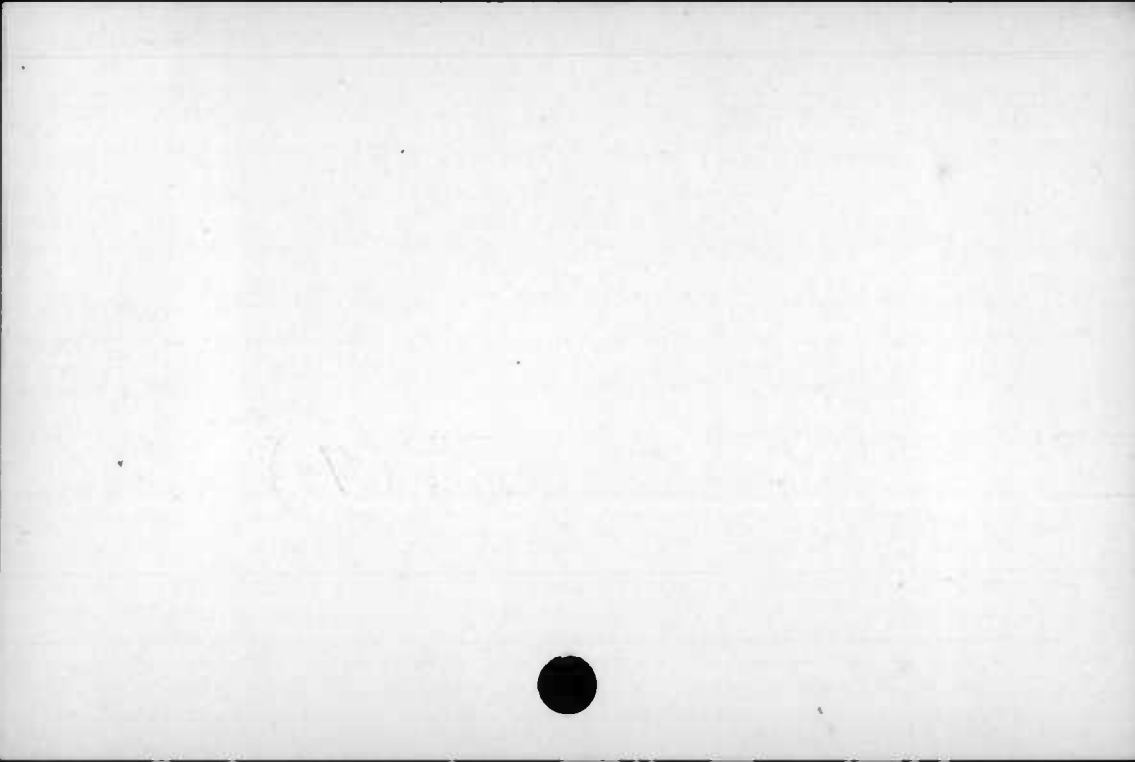
How long 6 hrs -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Morris A. Bailey

Address Thurmont - Md.

Accident or Suicide? ~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Castle</i>		Town <i>Freagaville</i>		County <i>Fred's</i>		MARYLAND									
Died at <i>Freagaville</i>		Date of death <i>1908</i>		Month <i>6</i>		Day <i>2</i>		Age <i>—</i>		Years <i>—</i>		Months <i>4</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Freagaville</i>											
Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>											
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>											
Father's Name <i>John W. Castle</i>				Father's Birthplace <i>Fr. Co Md</i>											
Mother's Maiden Name <i>Temmie Miller</i>				Mother's Birthplace <i>" " "</i>											
Name of person giving In formation <i>Mrs. Castle</i>				How related to deceased <i>Mother</i>											

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. A. Long</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>—</i>	

Interment at Middletown

" June 4 - 08

Thomas P. Rice F. D.

Dr. Hendrix

Dr. Goodell

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Seneca R. Colbert*

Died at *Burkittsville* ^{Town} *Fred.* County

Date of death *1908* ^{Month} *June* ^{Day} *23* ^{Years} *26* ^{Months} *8* ^{Days} *17*

Sex *Female* Color or Race *colored* Birthplace *Fred. Co.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John H. Colbert*

Father's Name *Edward Holland* Father's Birthplace *Mont. Co. Md.*

Mother's Maiden Name *Rebecca Belt* Mother's Birthplace *Fred. Co. Md.*

Name of person giving information *John H. Colbert* How related to deceased *Husband.*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *1 year*

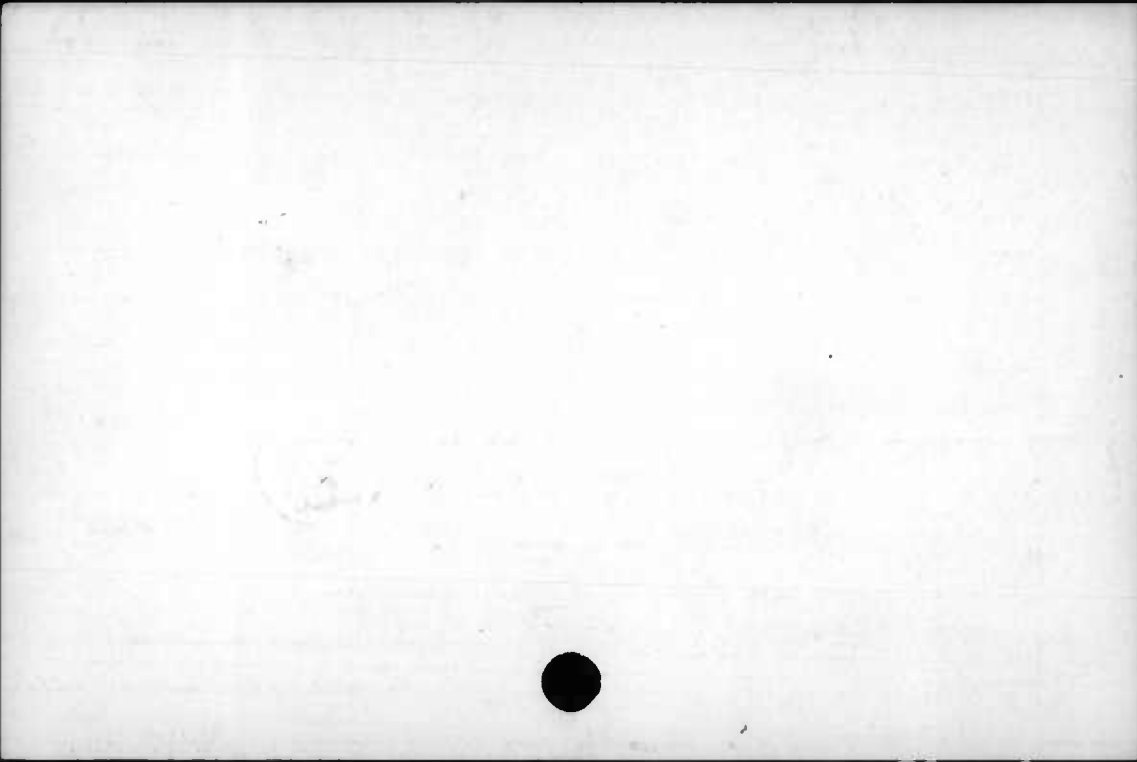
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo. Smith*

Address *Burkittsville*

Accident or Suicide?



Name
in
Full

Chas Carroll Crabill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

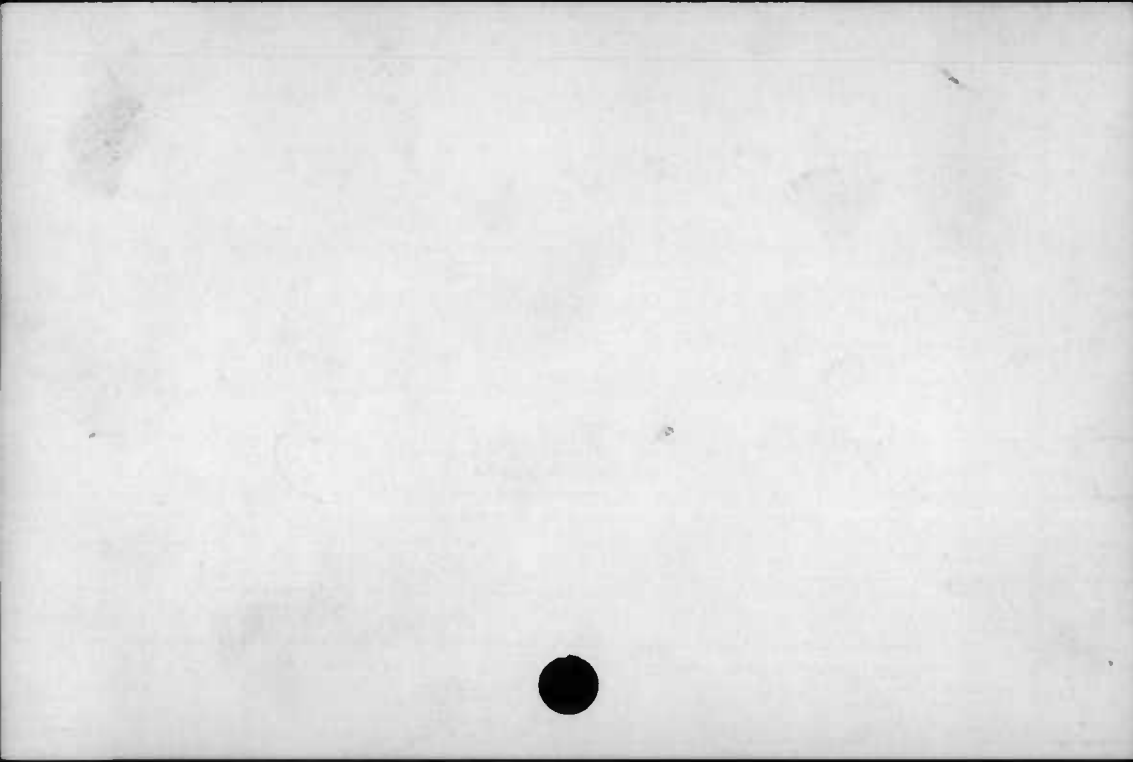
Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1908	June	4	4	1	
Sex		Color or Race		Birth-place			
Male		white		Va			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name		Father's Birthplace					
Chas Crabill		Va					
Mother's Maiden Name		Mother's Birthplace					
Lattie Ray		Md					
Name of person giving information		How related to deceased					
William Ray		brother					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	How long
w hooping Cough + Pleuro pneumonia	3 + 2 weeks
Immediate	How long
Convulsions	6 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	A. G. Horine
	Address
	Barrensville
	Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Annabelle Cranner

Town

County

MARYLAND

Died at Frederick

Frederick

Date
of death 1908

Month

6

Day

22

Age

Years

66

Months

2

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Ft. Co. Md

Occupation

House Wife

Where Residing if not
at place of death

Walkersville Md

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John C. Cranner

Father's
Name

Elias Scholl

Father's
Birthplace

Ft. Co. Md

Mother's
Maiden Name

Mary Outrow

Mother's
Birthplace

" " "

Name of person giving
In formation

Mrs. C. E. Cranner

How related
to deceased

Daughter

CAUSES OF DEATH

113

Primary

Obstruction of biliary duct - Gall stones?

How long

6 months

Immediate

+ perforation of bowel
Septicemia from absorption of bile &
fecal matter

How long

1 month

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. T. Micodemus,

Walkersville,

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Glade Cemetery
at Walkersville

" June 23 - 08

Thomas P. Rice F. & A.

Dr. Mc Gurdy.

Name
in
Full

Dennis Crampton

No. 8

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

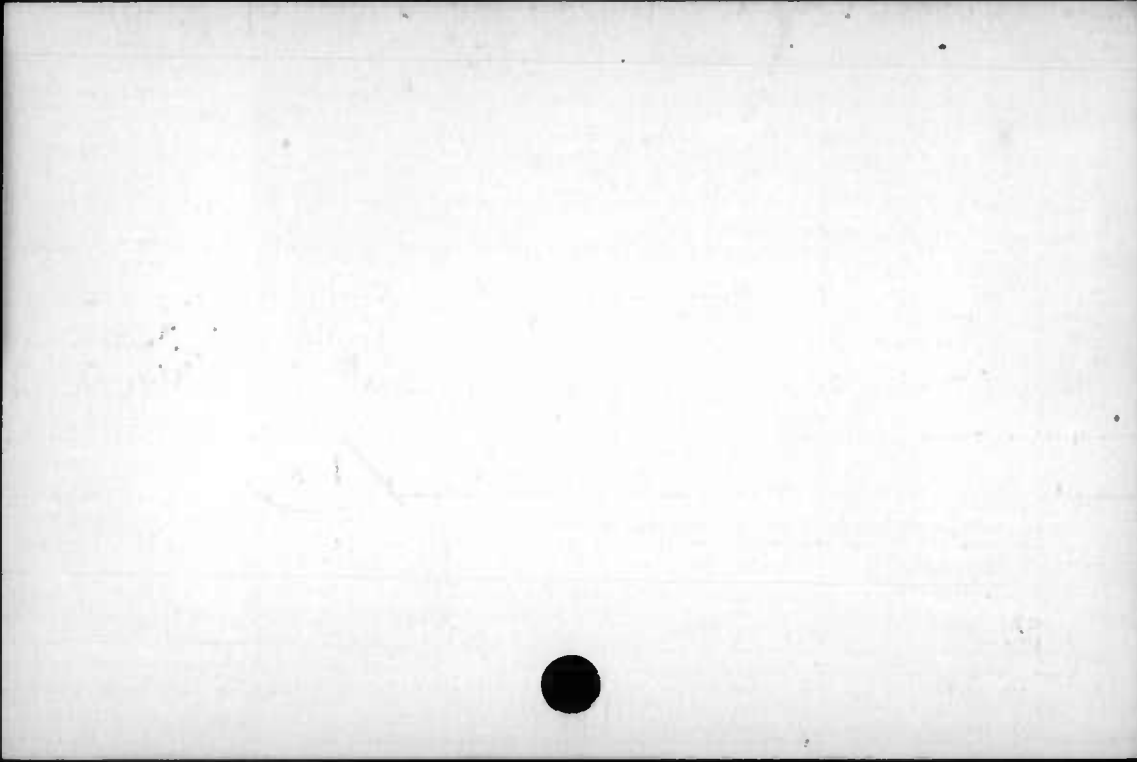
Died at <u>New Market</u> Town		<u>Fresh</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>June</u>	Day	<u>13</u>
Age		<u>79</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Fresh Co</u>
Occupation		<u>Laborer</u>			
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Violet Crampton</u>		
Father's Name	<u>Don't Know</u>		Father's Birthplace	<u>Don't Know</u>	
Mother's Maiden Name	<u>Don't Know</u>		Mother's Birthplace	<u>Don't Know</u>	
Name of person giving information	<u>Frank Crampton</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>6 mo</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>J. J. Downing</u>
		Address	<u>New Market, Md.</u>
Accident or Suicide?	<u>None</u>		



Name
in
Full

J. M. Dross -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurmons</i>		County <i>Woods</i>		MARYLAND	
Date of death	1908	Month <i>June</i>	Day <i>24</i>	Age <i>62</i>	Years <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth place <i>md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>home</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elizabeth Changh</i>				
Father's Name <i>Andrew Dross</i>	Father's Birthplace <i>Ind</i>			Mother's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Mary Waddles</i>	How related to deceased <i>wife</i>			Name of person giving information <i>Elizabeth Dross</i>	

Small, lacerated skin wound
of left hand, which became infected by net.

CAUSES OF DEATH

20

being dressed.

PHYSICIAN
OR CORONER

Primary <i>Infected wound - Blood Poison</i>	How long <i>15 days.</i>
Immediate <i>Pulmonary thrombosis, heart failure</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Benly</i>
	Address <i>Thurmons Md.</i>
Accident or Suicide? <i>Accident.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nancy Dusing* Town *Myersville* County *Fredrick Co* MARYLAND

Died at *Myersville* Date of death *1908 June 27* Age *65* Months *9* Days *14*

Sex *Female* Color or Race *White* Birth-place *Marysville*

Occupation *Housewife* Where Residing if not at place of death *Marysville*

Married, Single or Widowed *Married* Name of Wife or Husband *Jacob Dusing*

Father's Name *Samuel Bowman* Father's Birthplace *Germany*

Mother's Maiden Name *Nancy Masé* Mother's Birthplace *Germany*

Name of person giving information *Harry Snyder* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Calcular Disease Heart* How long *2 yrs.*

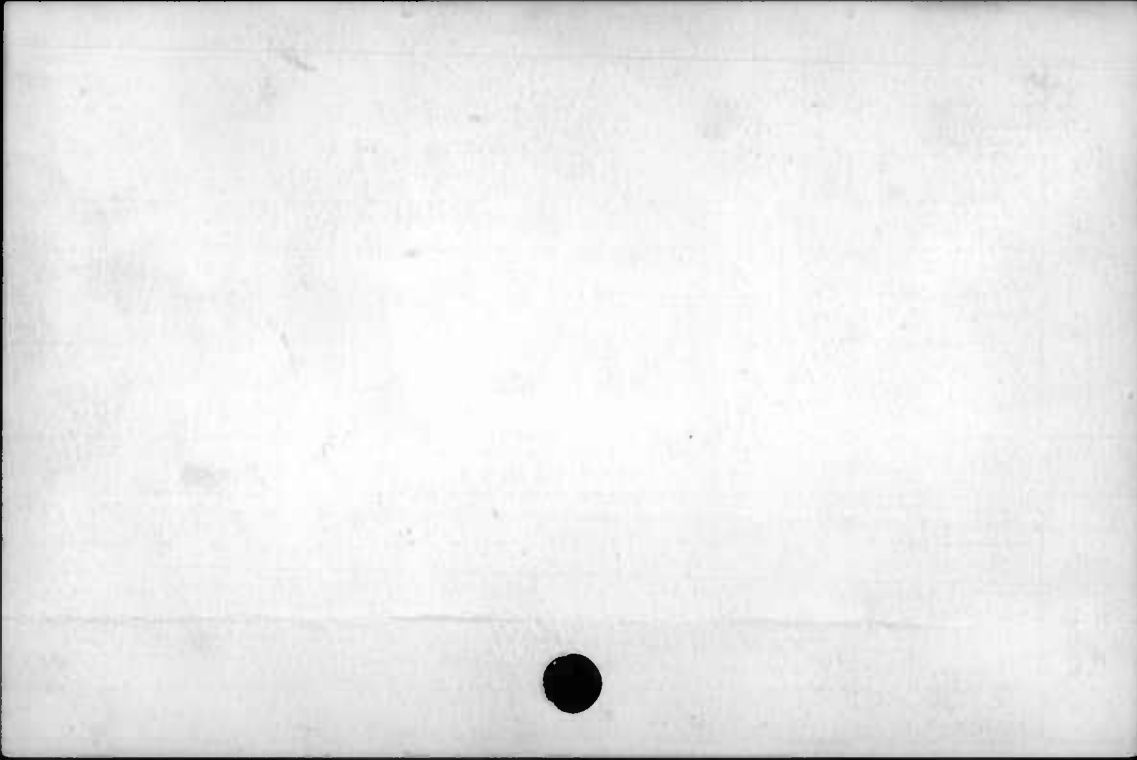
Immediate *Pulmonary Occlusion* How long *6 hours.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *W. E. Wheeler*

Address *Bowenboro Washington D.C.*

Accident or Suicide? ☐



Name
in
Full

Pauline E. Outrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>6</i>	Day <i>13</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>	Days <i>23</i>
Sex <i>Female</i>	Twin		Color or Race <i>White</i>	Birth-place <i>Frederick</i>			
Occupation _____				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>John L. Outrow</i>				Father's Birthplace <i>Ft. Co Md.</i>			
Mother's Maiden Name <i>Mary A. Long</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>J. L. Outrow</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos B Johnson</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide? <i>---</i>			

Interment at Mt Olivet

" June 15-08.

Thomas P. Rice F. & L.

Dr. F. B. Johnson

Dr. McCurdy.

Name

In
Full

Stanley Levi Flickinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fredericks* Town *Fredericks* County *MARYLAND*

Date of death *1908* Month *6* Day *9* Age *16* Years *11* Months *11* Days

Sex *Male* Color or Race *White* Birth-place *Ta*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Levi Flickinger* Father's Birthplace *Ta*

Mother's Maiden Name *Mary E. Hesson* Mother's Birthplace *Ta*

Name of person giving information *Elsie Flickinger* How related to deceased *Sister*

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary *Dropsy* How long *8 months*

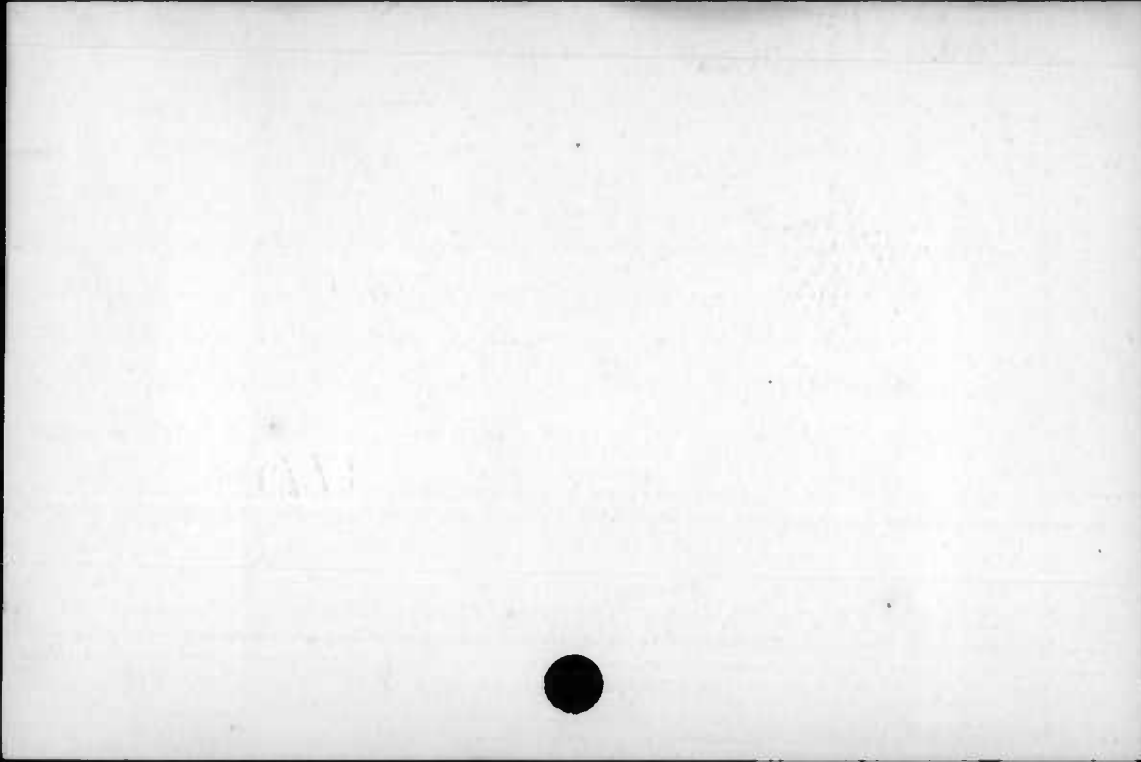
Immediate *Heart failure* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. R. Markenzie M.D.*

Address *Frederick, Md.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

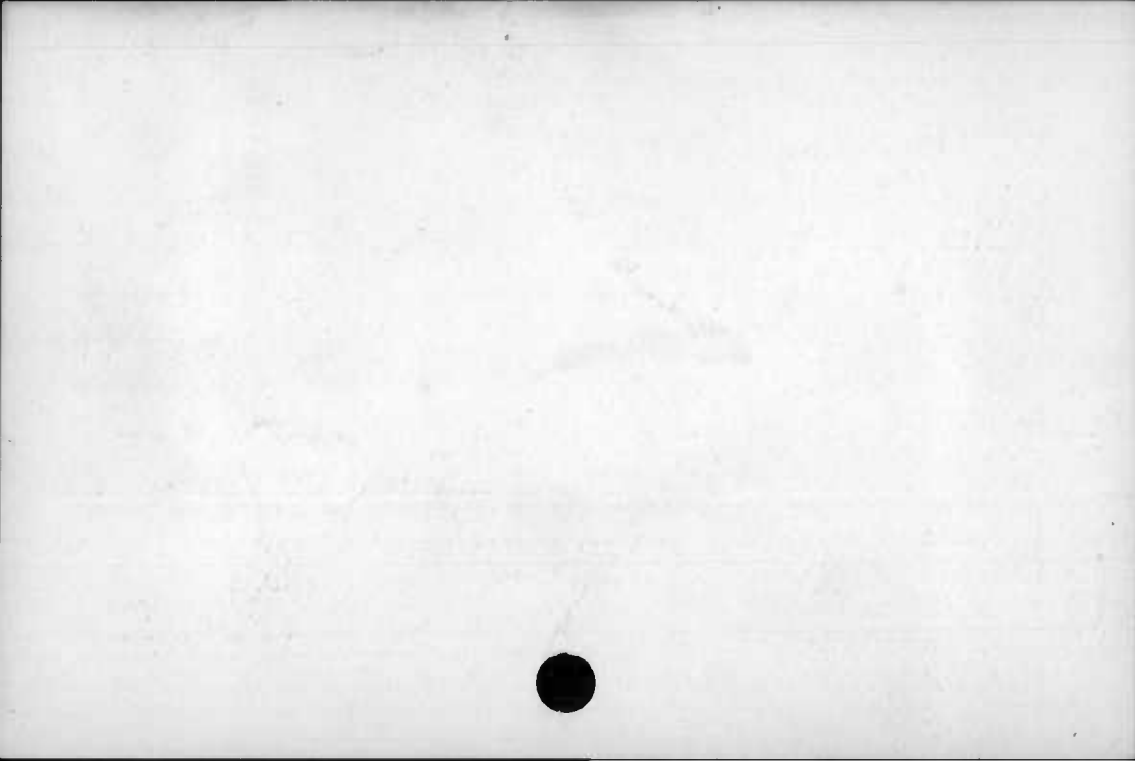
Name *Mary Elizabeth Hogle*
 Died at *near Woodsbury* Town *Frederick* County
 Date of death *1908* Month *June* Day *28* Age *67* Years Months *7* Days *16*
 Sex *Female* Color or Race *White* Birth-place *Md.*
 Occupation *Housekeeper* Where Residing if not at place of death *same place*
 Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Nicholas Hogle*
 Father's Name *Philip Hogle* Father's Birthplace *Md.*
 Mother's Maiden Name *Susan Ezler* Mother's Birthplace *Md.*
 Name of person giving information *Annie B. Hogle* How related to deceased *Daughter*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Paralysis* } *Complicated with* How long *5 Days*
General Exhaustion } *mitral Insufficiency*
 Immediate *General Exhaustion* How long *same - Gradual*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. A. Stutz*
 Address *Woodsbury Md.*
 Accident or Suicide? *no*



Name
in
Full

Albert Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

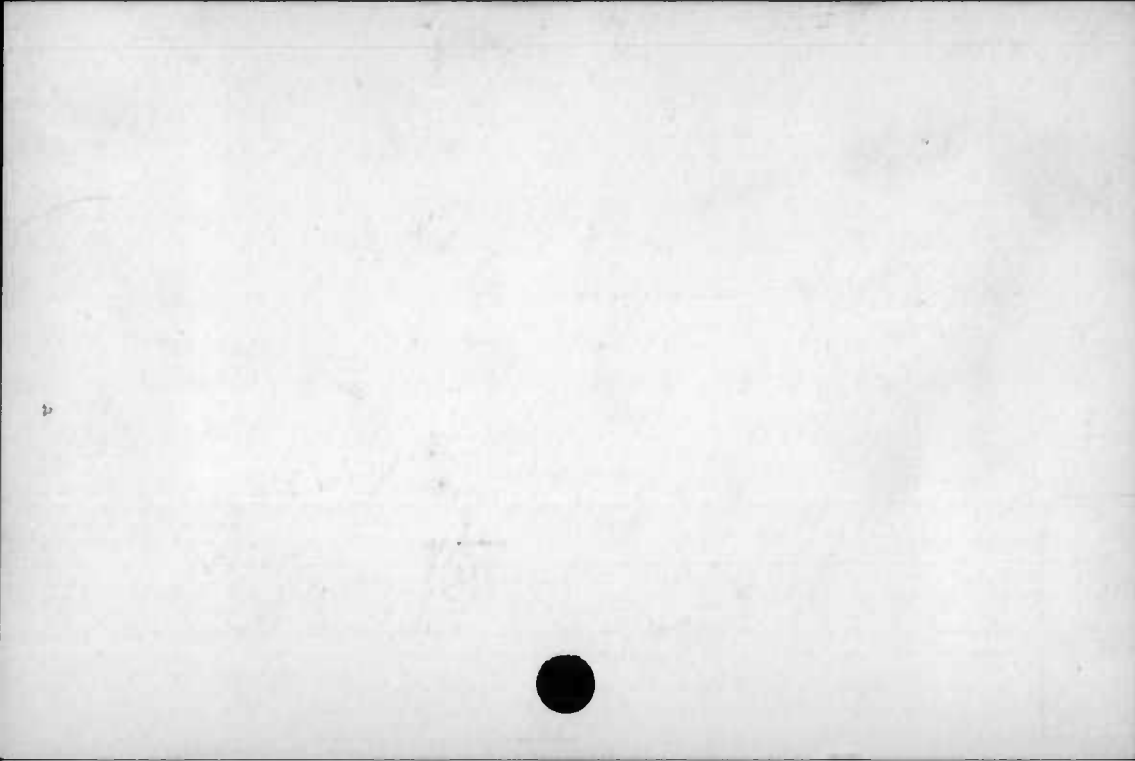
Died at <i>Frederick</i> Town			<i>Frederick</i> County			MARYLAND	
Date of death	1908	Month 6	Day 2	Age 3	Years 3	Months 11	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Frederick</i>
Occupation	<i>X</i>			Where Residing if not at place of death		<i>X</i>	
Married, Single or Widowed	<i>Y</i>		Name of Wife or Husband <i>X</i>				
Father's Name	<i>Albert Hill</i>					Father's Birthplace	<i>Frederick</i>
Mother's Maiden Name	<i>Ada Savings</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Albert Hill</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>Menigitis</i>	How long	<i>about days</i>
Immediate	<i>Convulsion</i>	How long	<i>1 or 2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. H. E. Brown</i>
		Address	<i>Frederick</i>
Accident or Suicide?	<i>no</i>		<i>no</i>



Name
in
Full

Roe

Hineuse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at 13mth ^{Town}ville

^{County} Federal-

Date of death 1908 June

Day 29

Age —

Months 2

Days 12

Sex male

Color or Race

white

Birth-place

mo

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Const Hineuse

Father's Birthplace

Germany

Mother's Maiden Name

Paula Hays

Mother's Birthplace

Germany

Name of person giving information

Paula Hays

How related to deceased

mother

CAUSES OF DEATH

151

Primary

Mal nutrition

How long

2 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Linn West-
Brunswick-
Federal Ad

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

George P. Hoile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

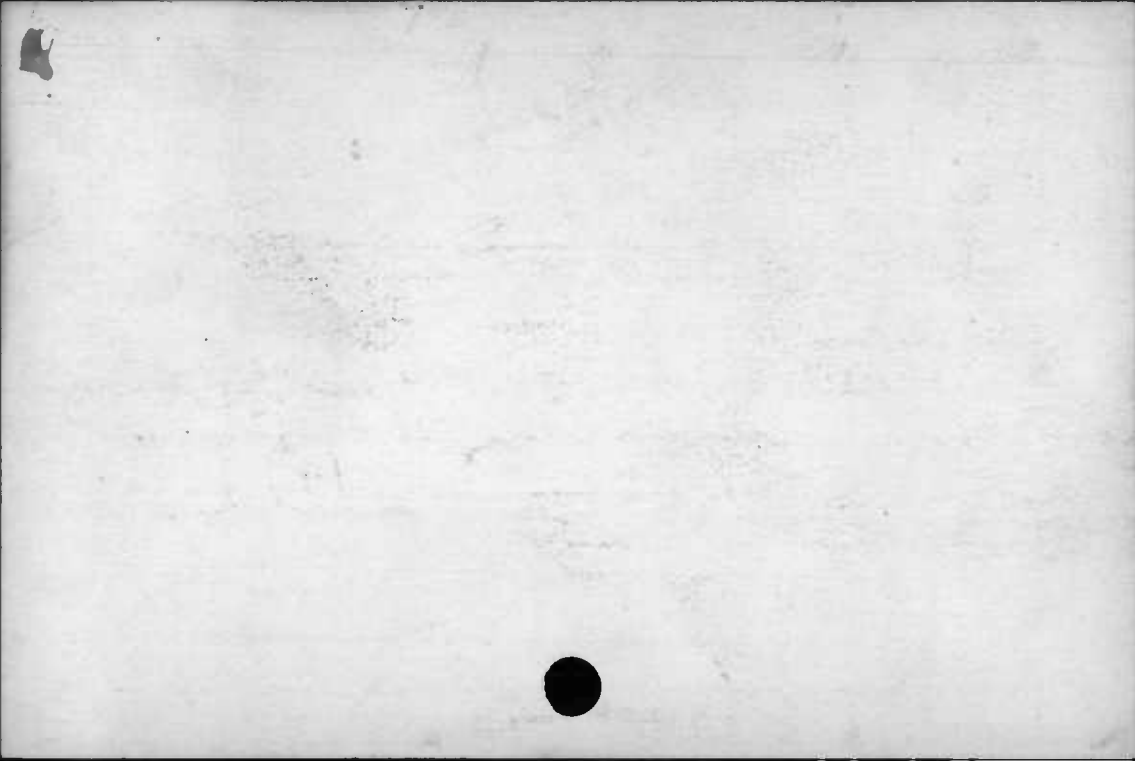
Died at <u>Brunswick</u> ^{Iowa}		County <u>Fredrick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>23</u>	Age <u>12</u>	Years <u>12</u>	Months <u>5</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>H. C. Hoile</u>			Father's Birthplace <u>Indiana</u>		
Mother's Maiden Name <u>Belle C. Dawson</u>			Mother's Birthplace <u>M. Va.</u>		
Name of person giving information <u>H. C. Hoile</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <u>Emphysema (drained but neglected)</u>	How long <u>1 year +</u>
Immediate <u>Cerebral Embolism (?) (Convulsions)</u>	How long <u>6 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. W. R. Osum M.D.</u>
	Address <u>Brunswick, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Barbara B. Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

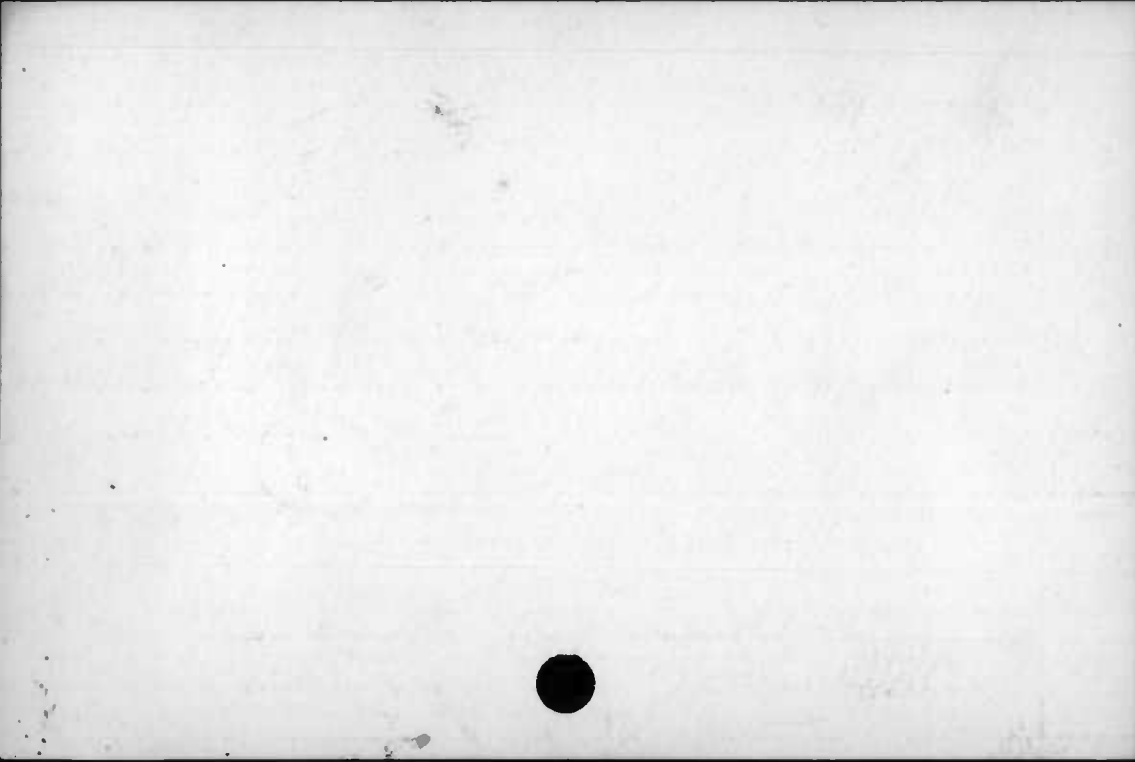
Died at <i>M. Donald</i> <small>Town</small>			<i>Frederick</i> <small>County</small>			MARYLAND		
Date of death <i>1908</i>		Month <i>June</i>	Day <i>4</i>	Age <i>75</i>	Years <i>75</i>	Months <i>8</i>	Days <i>26</i>	
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Maryland</i>		
Occupation				Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Has none</i>					
Father's Name <i>David Jacobs</i>			Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Margaret Plaine</i>			Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>M. S. Pearce M. D.</i>			How related to deceased <i>In no way</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>about 5 years</i>
Immediate <i>Hemorrhage of the Lungs</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sappington & Pearce</i>
	Address <i>Unionville</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

John Edward King No. 9

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kempstown</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>19</u> <small>Years</small>	<u>63</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Carpenter</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Mattie E. King</u>		
Father's Name	<u>Walter King</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Caroline Windsor</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Edna King</u>		How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Valvular heart disease + Myocarditis</u>	How long	<u>18 mos.</u>
Immediate	<u>Cerebral Apoplexy + Uræmia Coma</u>	How long	<u>3 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. C. Felt M.D.</u>
		Address	<u>Kempstown</u>
Accident or Suicide?	<u>—</u>		<u>Dr.</u>



Name
in
Full

Evan Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

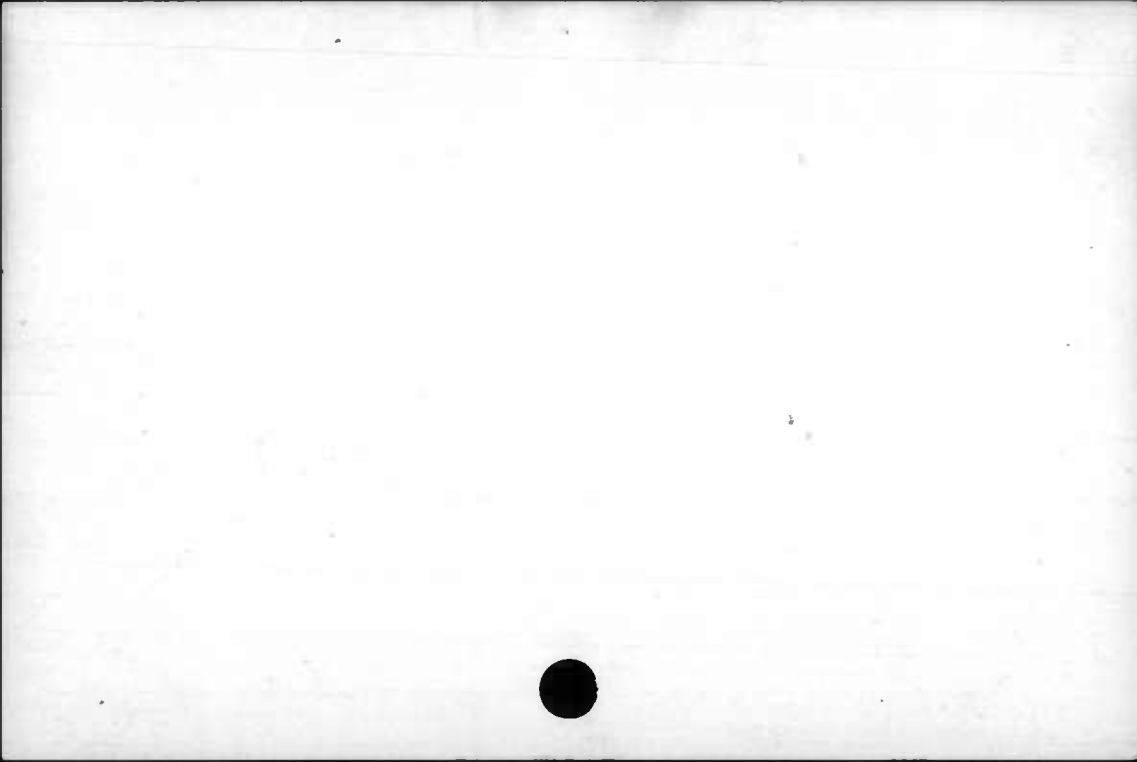
Died at		Town Wolfsville		County Frederick		MARYLAND	
Date of death 1908	Month June	Day 29 th	Age 7	Months 8	Years 12		
Sex Male		Color or Race White		Birth- place Wolfsville Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Calvin Kline				Father's Birthplace Wolfsville Md			
Mother's Maiden Name Ada Sygar				Mother's Birthplace Wolfsville Md			
Name of person giving In formation James A. Geoni				How related to deceased known no way as			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	There was no Physician on hand was one day	How long
Immediate	thought the child ate too many cherries also fell off of a wagon	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
his head and died from the effects		Address Smithsburg Maryland
Accident or Suicide?		



Name
in
Full

Samuel Kolb.

CERTIFICATE OF DEATH

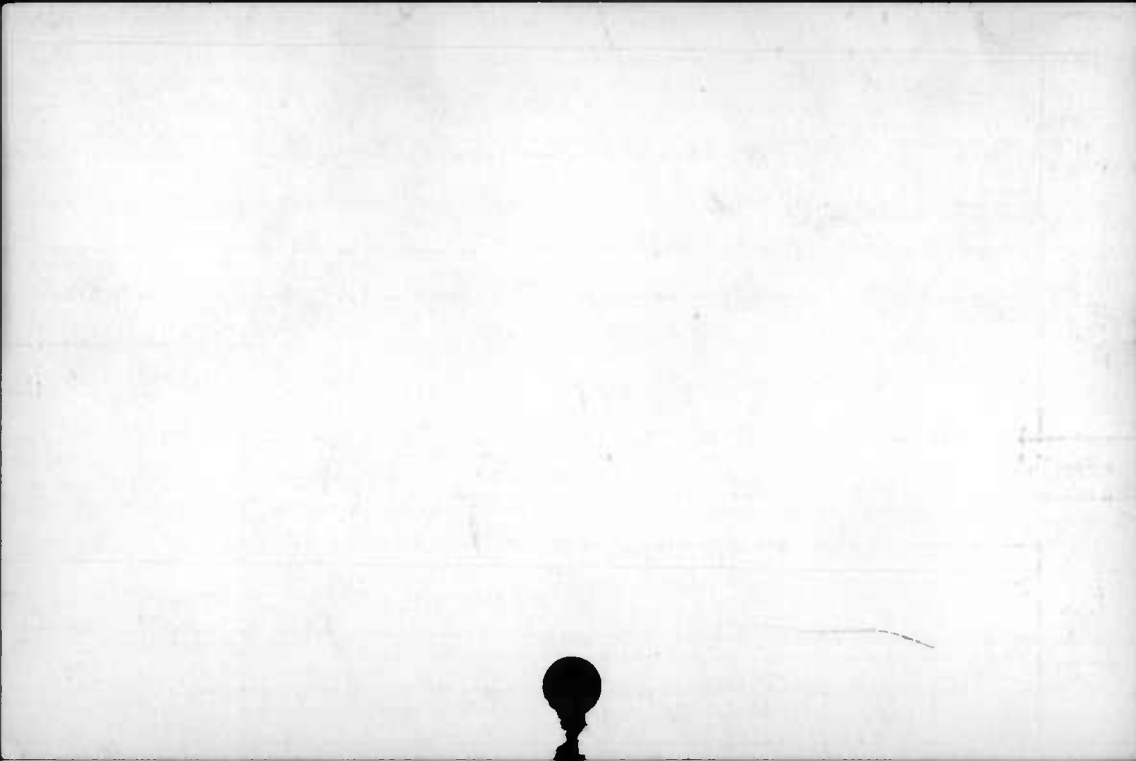
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oraby</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>June</i>	Day	<i>27th</i>
Age	<i>8.8</i>	Years	<i>8.8</i>	Months	<i>6</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Maryant Esworthy</i>		
Father's Name	<i>Samuel Kolb</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Maryant Esworthy</i>		Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>Mr Rimbly</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause	<i>Chorea, Blind</i>	How long	<i>120</i>
Immediate Cause	<i>Chorea, Blind</i>	How long	<i>6 years & 2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Fr. Hedge</i>
		Address	<i>Frederick</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

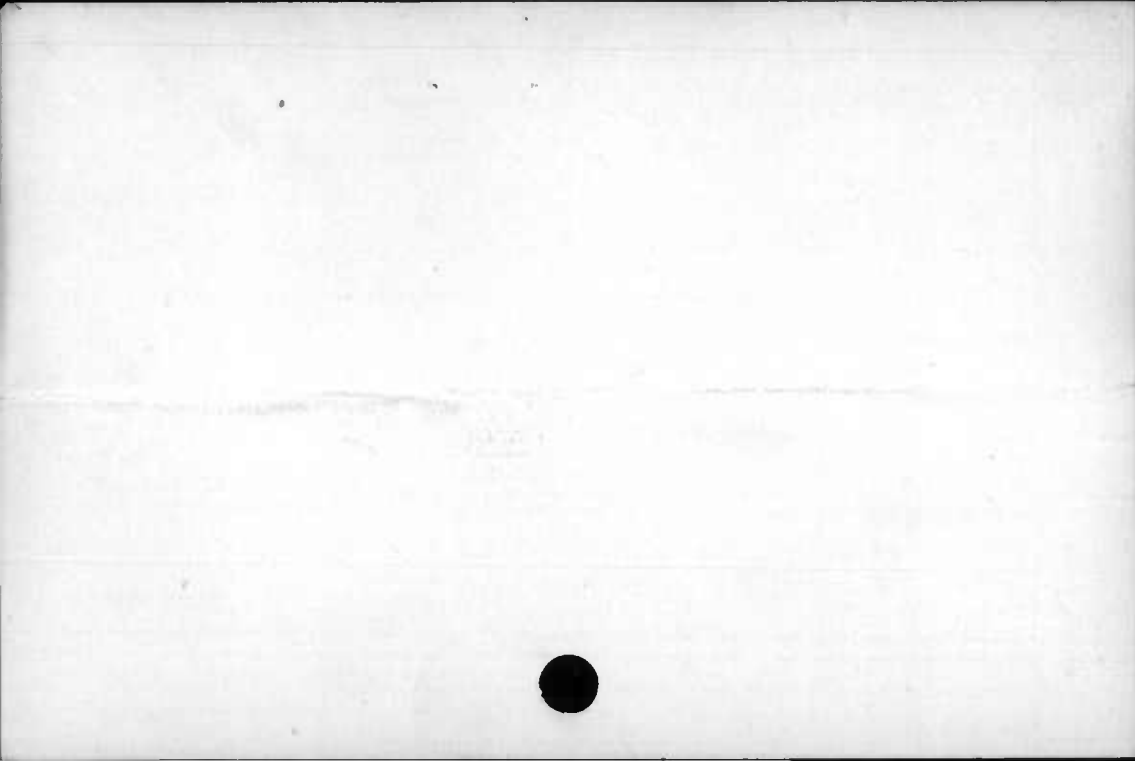
Blayence L. Lightes.
 Died at ^{Town} New Point of Rocks ^{County} Cecil
 Date of death 1908 6 27 Age 36 3 Months 2 Days
 Sex Male Color or Race White Birth-place Baltimore
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Widower Name of Wife or Husband Jane Lightes
 Father's Name John Lightes Father's Birthplace Middletown
 Mother's Maiden Name Rebecca Kessler Mother's Birthplace Jefferson
 Name of person giving information Isabelle Higgins How related to deceased first cousin.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Consumption How long 3 yrs
 Immediate Heart failure
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician E. H. Bouley
 Address St. Ann's town Frederick Co. Md.
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>13 Brunner</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1986</u>	Month <u>Jan</u>	Day <u>14</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Brunner</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband			
Father's Name <u>Ernest Lloyd</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Cora May Thompson</u>		Mother's Birthplace <u>W. Va</u>			
Name of person giving information <u>Ernest Lloyd</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>(S)</u>
Immediate <u>Still Birth</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. H. Horvath</u>
	Address <u>Brunner</u> <u>Ind</u>
Accident or Suicide?	

4

7.

24



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wilma Victoria Jones (Louis)
 Town *Garfield* County *Frederick*

MARYLAND

Died at *near Garfield*
 Date of death *1908* Month *June* Day *9* Age *4* Years *1* Months *30* Days
 Sex *Female* Color or Race *White* Birth-place *near Garfield, Md.*
 Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *Single* Name of Wife or Husband *_____*

Father's Name *William Louis*

Father's Birthplace *near Garfield*

Mother's Maiden Name *Annie M. Burkman*

Mother's Birthplace *near Foville*

Name of person giving information *Annie M. Boms*

How related to deceased *Mother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Acute hepatitis*

How long *3 months*

Immediate *Uremia*

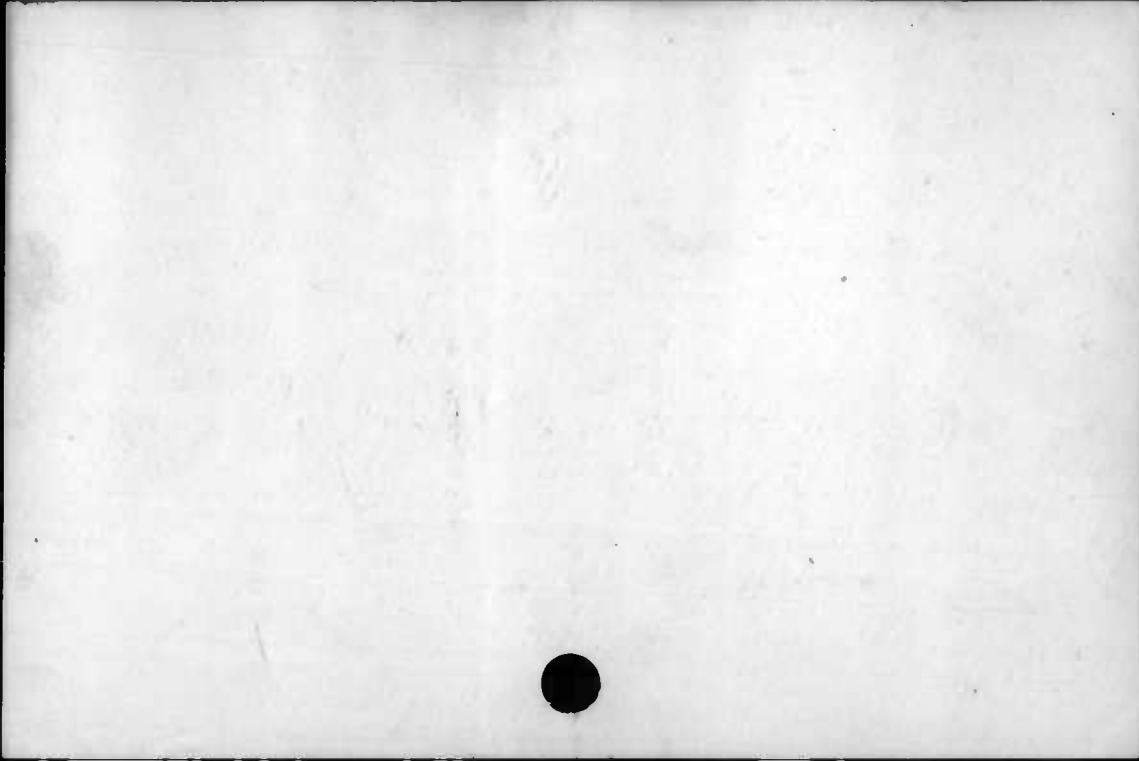
How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. J. McFarland*

Address *Sherrinwood, Md.*

Accident or Suicide? *no*



Name
in
Full

Mary. Jane E. Mc bleery

CERTIFICATE OF DEATH

Died at ^{Town} Frederick^{County} Frederick

MARYLAND

Date of death 1908 Month 6 Day 20 Age 75 Years Months 7 Days 12

Sex Female Color or Race White Birth-place F. Co. Md.

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Widower Name of Wife or Husband Perry B. Mc bleery

Father's Name Joshua D. Sub. Father's Birthplace F. Co. Md.

Mother's Maiden Name Sarah Reifsnider Mother's Birthplace " " "

Name of person giving information Perry B. Mc bleery How related to deceased Son

CAUSES OF DEATH

50

Primary Diabetes Mellitus & Chronic Rheumatoid Arthritis - For years

Immediate Anaemia How long Several weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. O. Hendrix, M.D.
Frederick, Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Mt Olivet Cem-
" June 22 - 08

Thomas P. Rice F. O.

As McCurdy

Name
in
Full

Mary M. Laughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

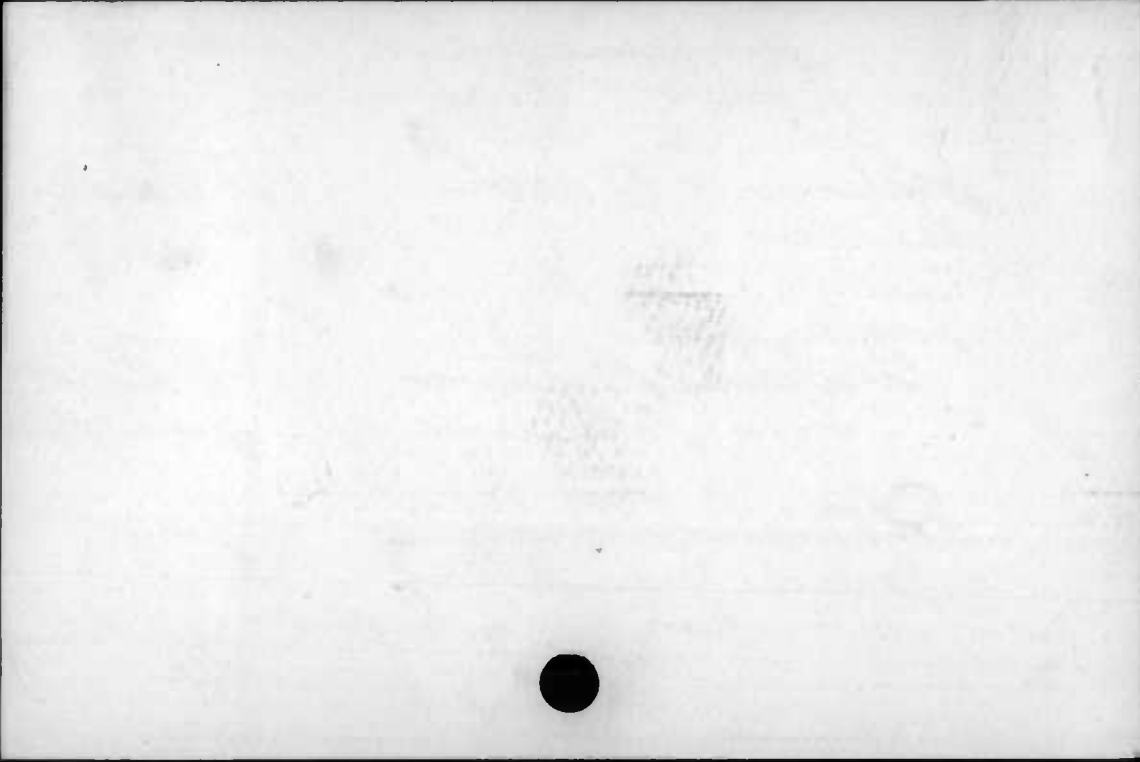
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1908	Month 6	Day 11	Age 82	Years	Months 2	Days 16
Sex	Female		Color or Race	Wh		Birth-place	Md
Occupation	Retired			Where Residing if not at place of death		X	
Married Single	Name of Wife or Husband			X			
Father's Name	James M. Laughlin					Father's Birthplace	Md
Mother's Maiden Name	Patsy A. James					Mother's Birthplace	Md
Name of person giving information	Mrs C. E. Karpis					How related to deceased	Niece

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis		How long	10 years
Immediate	Exhaustion		How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Yr	Signature of Physician Chas. F. Gooden md	
			Address Frederick Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Charles Mackentere
Died at ^{Town} Old Fields ^{County} Frederick

MARYLAND

Date of death 1908 June 12 Age 33 6 Months 3 Days

Sex Male Color or Race Black Birth-place Old Fields

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Minnie

Father's Name Joseph Mackentere

Father's Birthplace

Mother's Maiden Name Cordelia Mathews

Mother's Birthplace

Name of person giving information Liza Mathews

How related to deceased

Old Fields
Grandmother

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis

How long

Immediate General exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

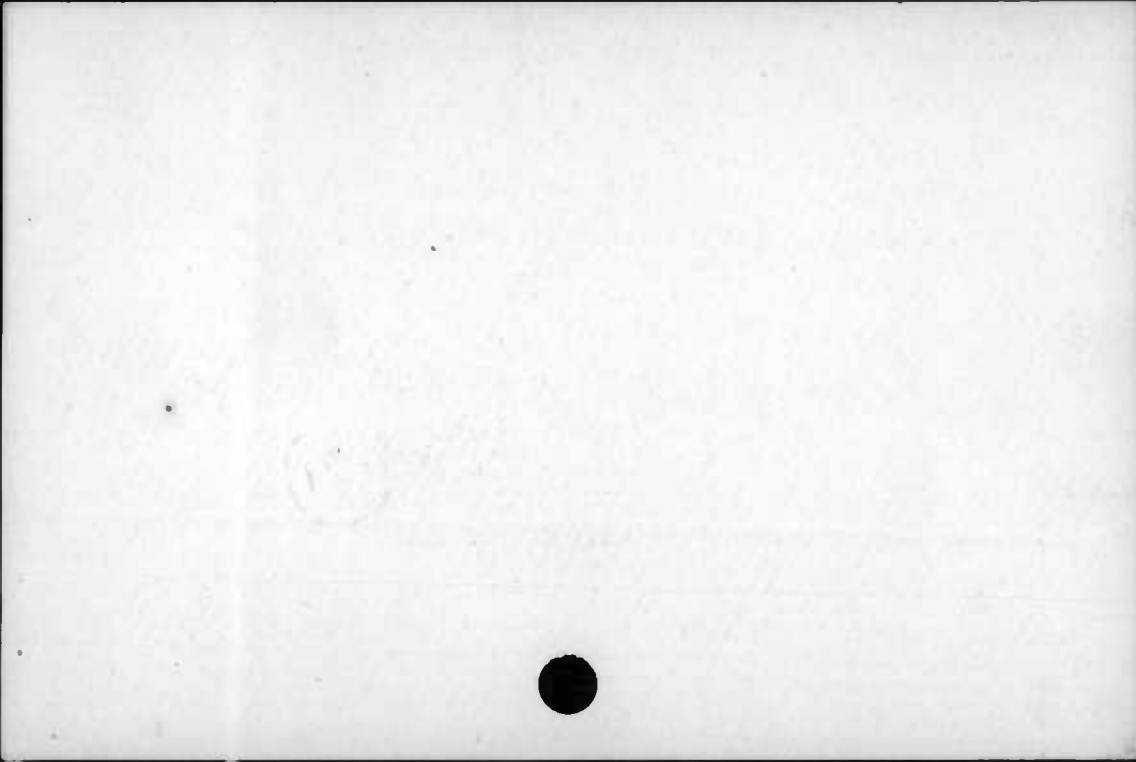
Address

Saffington & Pearce
Unionville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

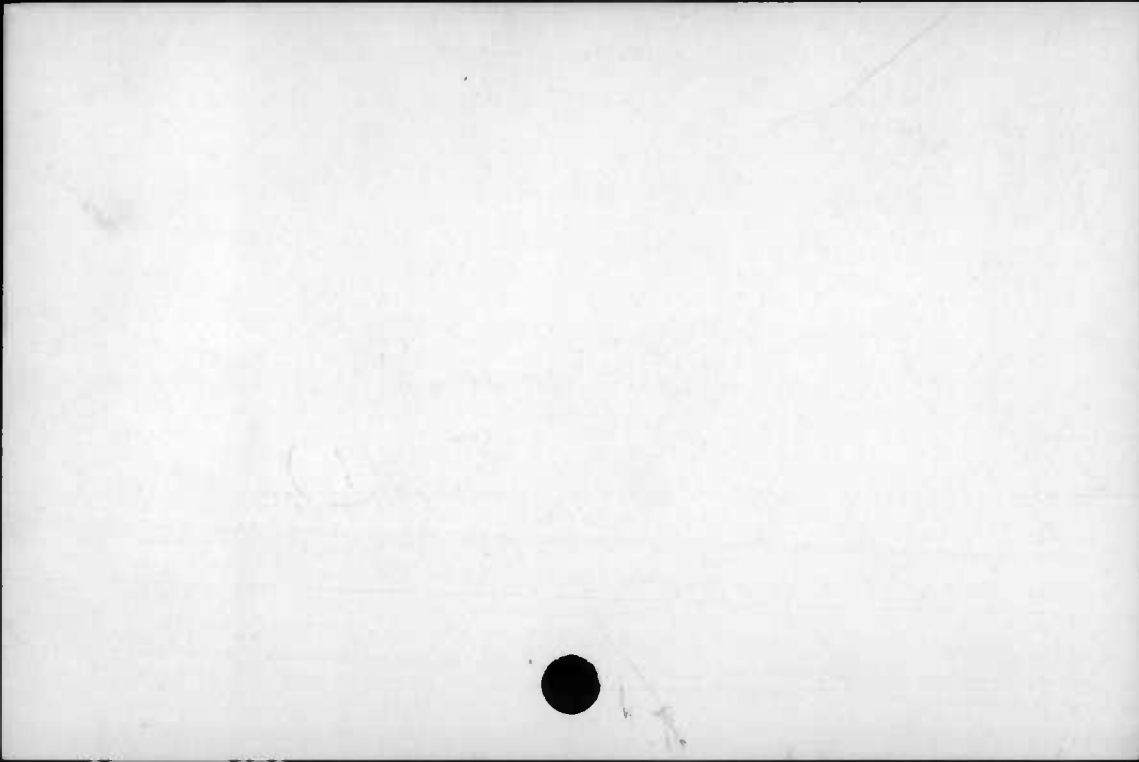
Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>4th</i>	Age <i>—</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry Mary</i>			Father's Birthplace <i>Anneton Md</i>		
Mother's Maiden Name <i>Nellie B. Sturman</i>			Mother's Birthplace <i>Frederick "</i>		
Name of person giving information <i>Father of Child</i>			How related to deceased		

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Erysipelas. (acute)</i>	How long <i>5 days.</i>
Immediate <i>Ashtonia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Falmy</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary C. K. Mehrling

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Frederick.

Frederick

Date

1908

Month

6

Day

5

Age

Years

60

Months

8

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

H. wife

Where Residing if not
at place of death

✓

Married, Single
or WidowedName of Wife or
Husband

George Mehrling

Father's
Name

John F. Kinnel

Father's
Birthplace

Germany

Mother's
Maiden Name

Agnes Krichling

Mother's
Birthplace

Germany

Name of person giving
Information

Dora Mehrling

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Valvular disease of Heart

How long

5 years

Immediate

Abscess in Lung

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. F. Goodspeed

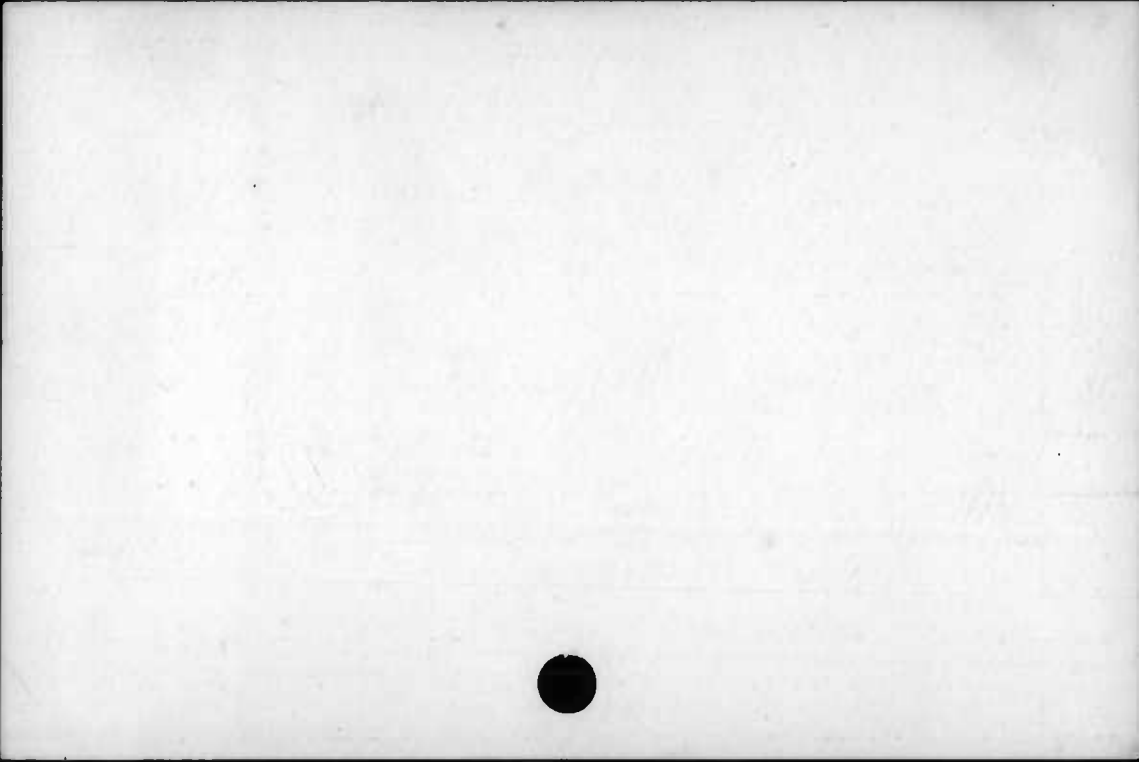
Frederick.

Md

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

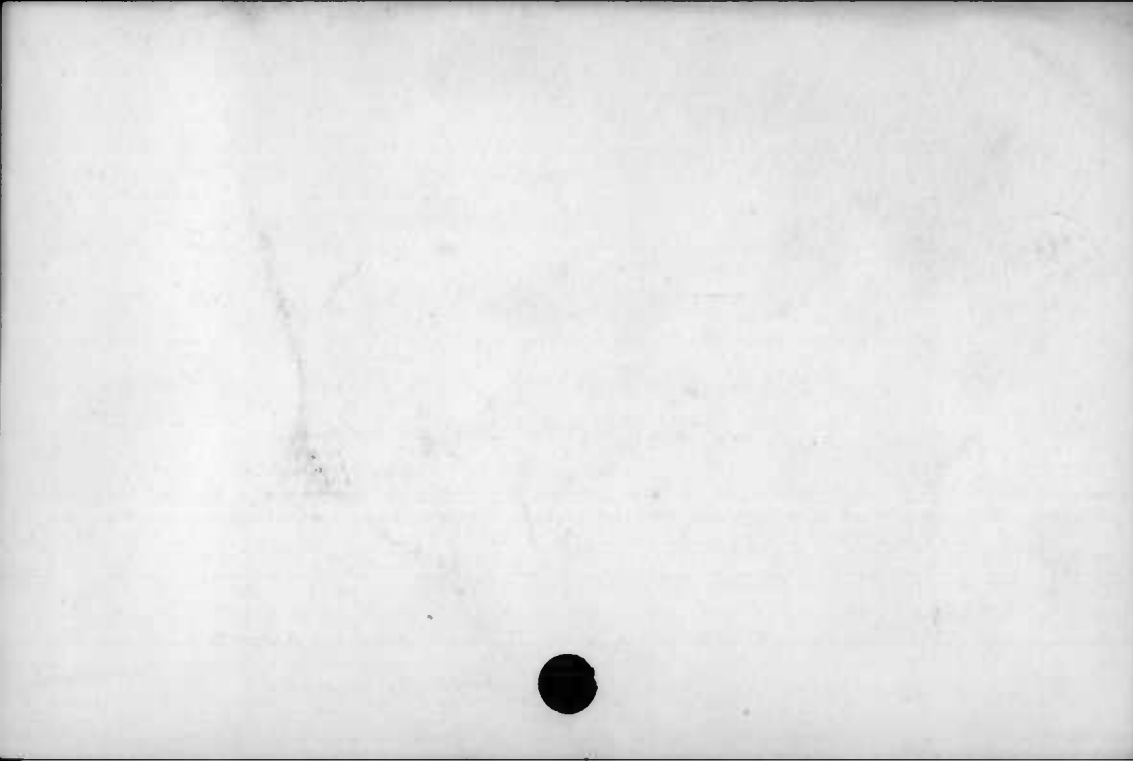
Name in Full Daniel Brown Michael		Town Indianer		County Indianer		MARYLAND	
Died at Indianer		Month June		Day 9		Years 69	
Date of death 1908		Month June		Day 9		Years 69	
Sex Male		Color or Race White		Birth-place Indianer, C. Md		Months 8	
Occupation Housewife		Where Residing if not at place of death X					
Married, Single or Widowed Married		Name of Wife or Husband Eugenia Michael					
Father's Name Henry A Michael		Father's Birthplace Indianer, C. Md					
Mother's Maiden Name Mary Crown		Mother's Birthplace Md.					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis.	How long 18 or 20 yrs.
Immediate Acute Uræmia.	How long 2 weeks.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. B. Johnson. M.D.
	Address Indianer Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocky Ridge</i> ^{Town}		<i>Fred</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>June</i> ^{Day}	<i>3</i> ^{Years}	<i>65</i> ^{Months}	<i>10</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Utica, N.Y.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Ezra Michael</i>		
Father's Name	<i>John Wachtler</i>		Father's Birthplace	<i>Utica, N.Y.</i>	
Mother's Maiden Name	<i>Susan Cleen</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>C. H. Norris</i>		How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>2 1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Norris</i>
	Address <i>Utica</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

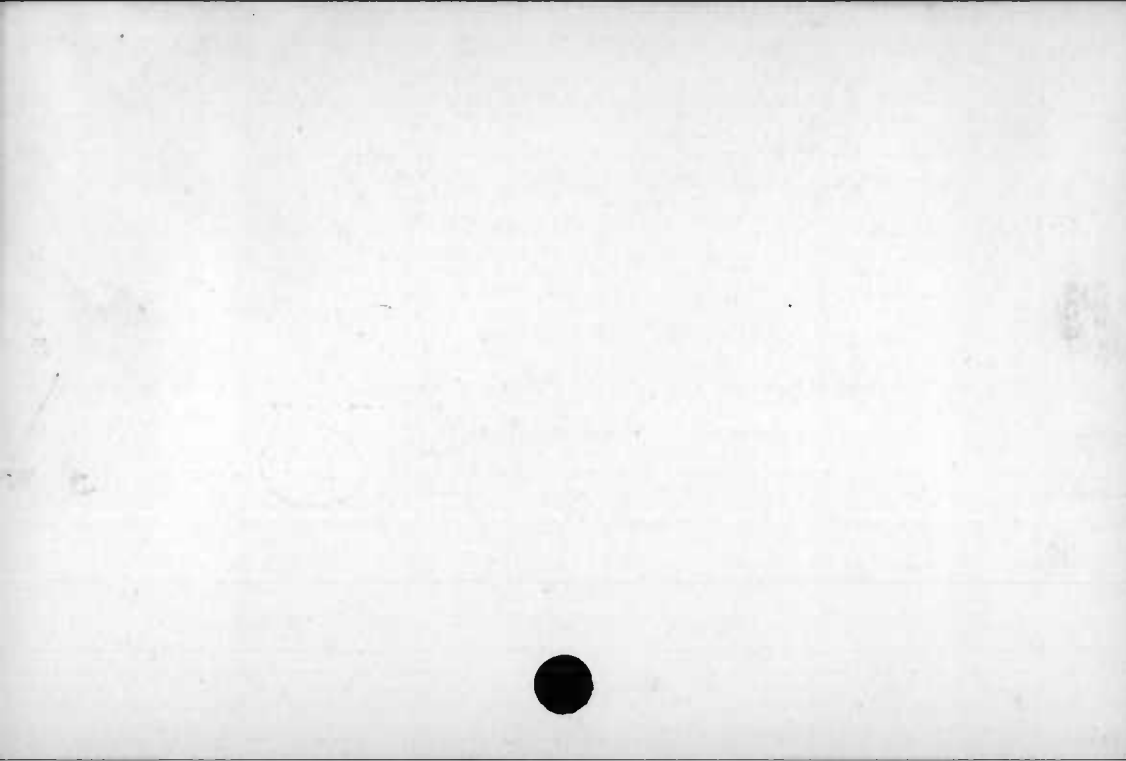
Died at <i>Milbury</i> Town <i>Fredricks</i>		County <i>Fredrich</i>		MARYLAND	
Date of death	1908	Month	June	Day	5
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>X</i>		Birth-place	<i>Md</i>	
Where Residing if not at place of death			<i>✓</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>X</i>	
Father's Name	<i>Henry Milbury</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Rizetta Milbury</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Rizette Sparks</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth (Tumor)</i>	How long	<i>—</i>
Immediate	<i>Cardiac Collapse</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. M. Cundy, M.D.</i>	
Address		<i>Fredricks</i>	
Accident or Suicide?			



Name
in
Full

Hannah May Minor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

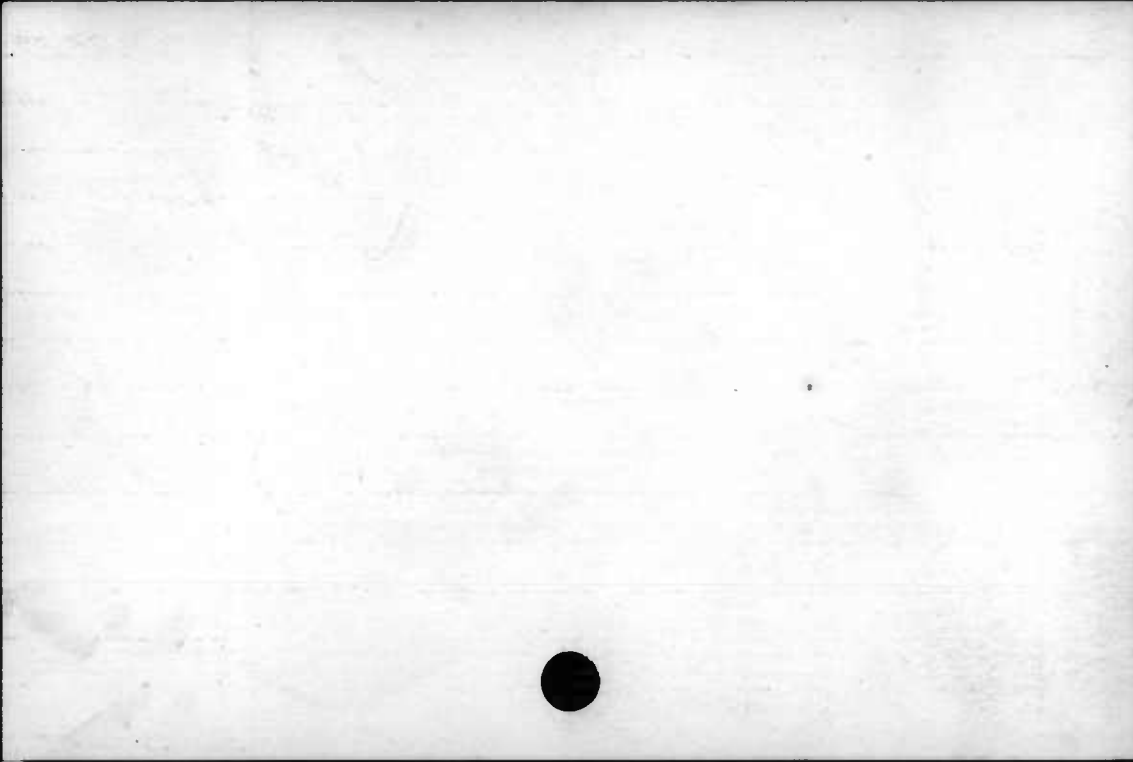
Died at		Town Knoxville		County Fredricks		MARYLAND	
Date of death	1908	Month 6	Day 20	Age —	Years —	Months One	Days 1
Sex	Female		Color or Race	White		Birth- place	Knoxville
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Robert Emmett Minor					Father's Birthplace	Va
Mother's Maiden Name	Hattie E. Loy					Mother's Birthplace	Va
Name of person giving In formation	R. E. Minor					How related to deceased	Hatter

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	General deformity	How long	Five weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sam'l Claggett
		Address	Petersville
Accident or Suicide?			Md



Name
in
Full

CERTIFICATE OF DEATH

James S. Montgomery

Town

County

Jamsville

Fredrick

MARYLAND

Died at

Date

of death 1908

Month

6

Day

24

Years

83

Months

7

Days

Age

83

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired farmer

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lydie Ebberts Montgomery

Father's
Name

unk

Father's
Birthplace

Mother's
Maiden Name

unk

Mother's
Birthplace

Name of person giving
In formation

Mrs. Jas. S. Montgomery

How related
to deceased

Wife

CAUSES OF DEATH

66

Primary

Paralysis

How long

one year

Immediate

Degenerative change in heart kidneys

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

George H. Riggs M.D.

Address

Jamsville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Margie Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

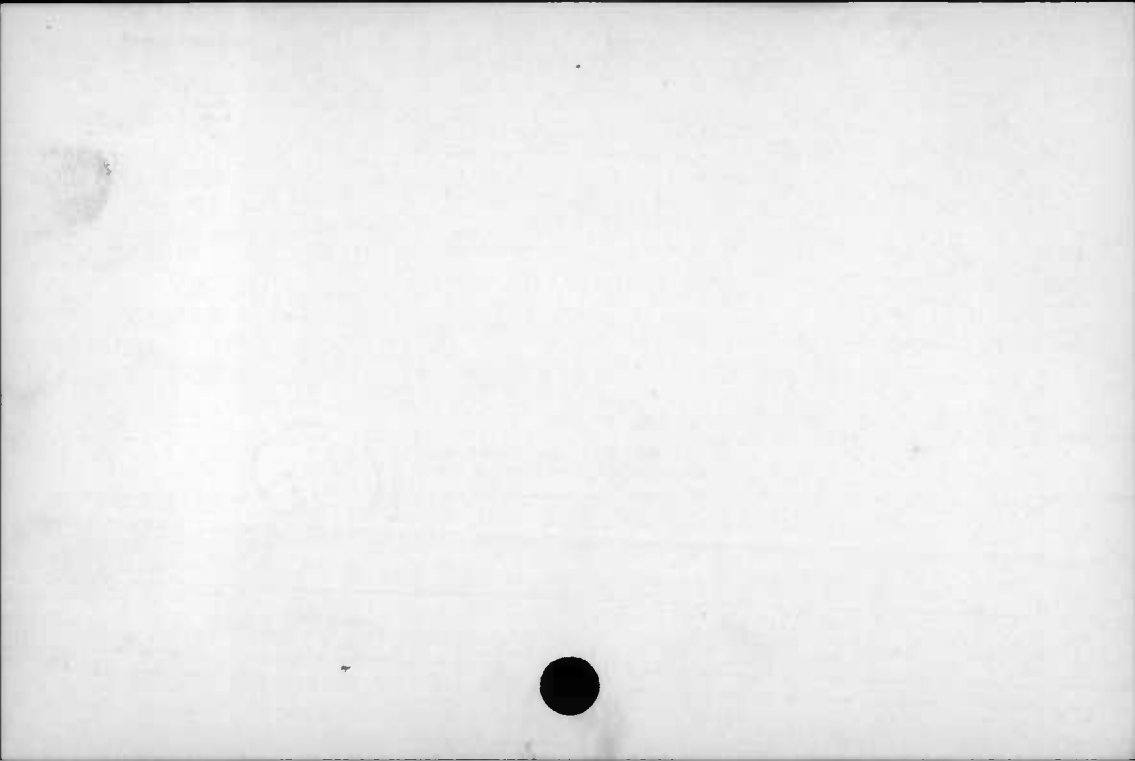
Died at <i>Brunswick</i> Town		<i>Maurick</i> County		MARYLAND	
Date of death	1908	Month	June	Day	23
Age		69		Years	
Sex	Female	Color or Race	Black	Birth-place	Ind
Occupation	House		Where Residing if not at place of death		
Married, Single or Widowed	widow	Name of Wife or Husband	Lewis Norris		
Father's Name	Sanger Brooks		Father's Birthplace	Ind	
Mother's Maiden Name	Matilda Wood		Mother's Birthplace	Ind	
Name of person giving information	Laura Lipscomb		How related to deceased	Niece	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Central Hemorrhage	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. G. Horine
		Address	Brunswick Ind
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

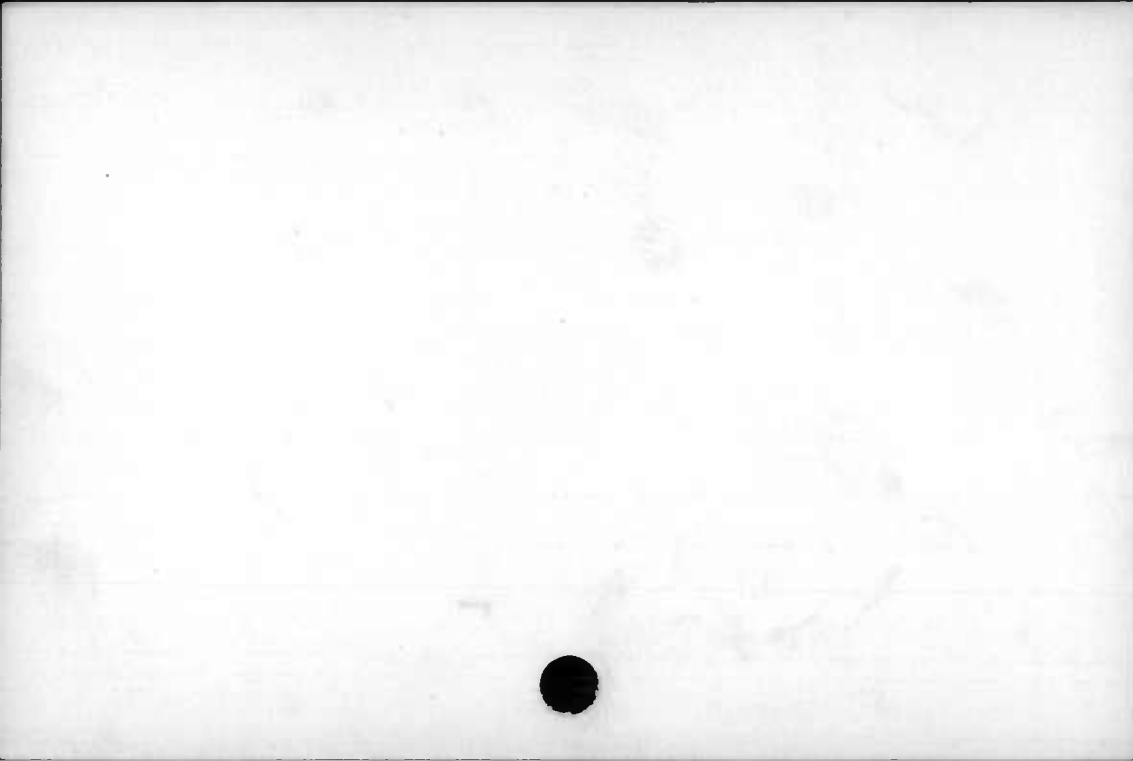
Name in Full <i>George Murdoch Potts</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>11</i>		Years <i>70</i>	
Date of death <i>1908</i>		Age <i>70</i>		Months <i>9</i>		Days <i>18</i>	
Sex <i>male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Md</i>			
Occupation <i>Retired Bank Officer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>George Murdoch Potts</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Corralia Ringgold</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mrs. C. V. Ross Jr</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>arteriosclerosis</i>	How long <i>?</i>
Immediate <i>Myocardial</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. C. Campbell & Son</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Jacob Immink

Town *Catoctin* County *Fredrick* MARYLAND

Died at *Catoctin*

Date of death *1908 June 24* Age *63* Months *4* Days *0*

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Immink*

Father's Name *John Immink* Father's Birthplace *Pa.*

Mother's Maiden Name *Mary Immink* Mother's Birthplace *Pa.*

Name of person giving information *Edward Immink* How related to deceased *Son*

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary *Angina Pectoris* *Intervals 5 days*

Immediate *Heart failure* *Few minutes*

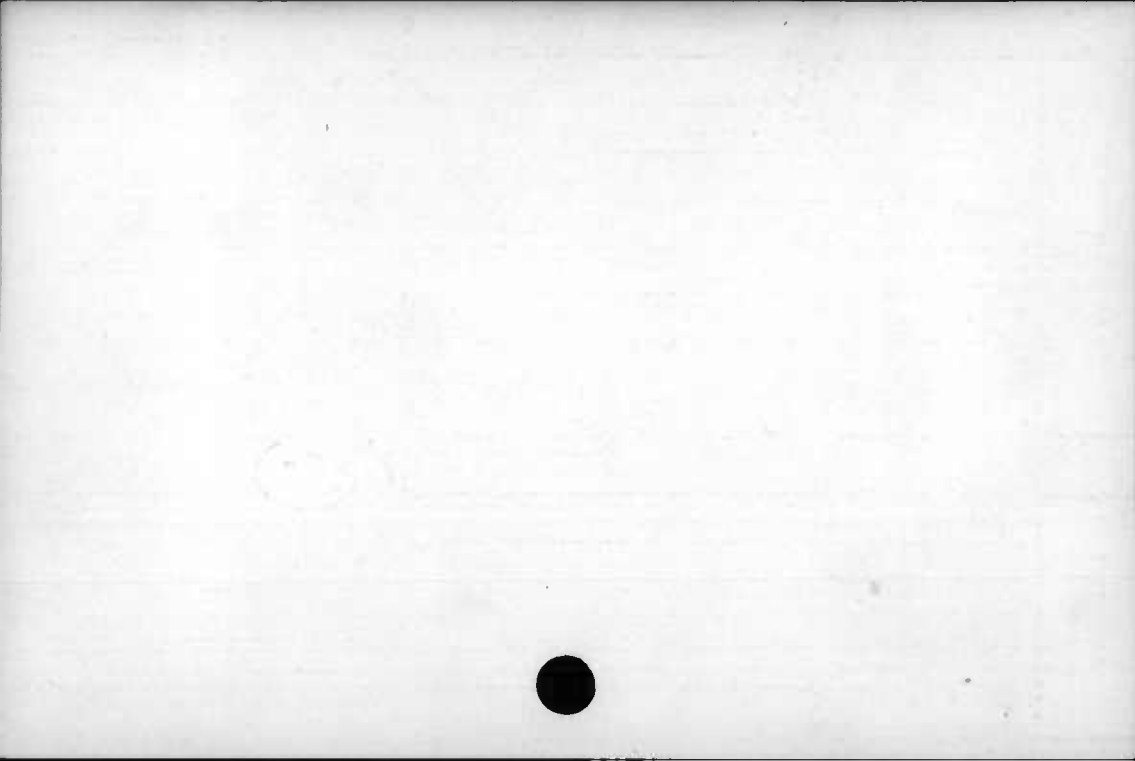
Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *F. E. S. Young*

Address *Breagertown*

Fredrick Co.

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

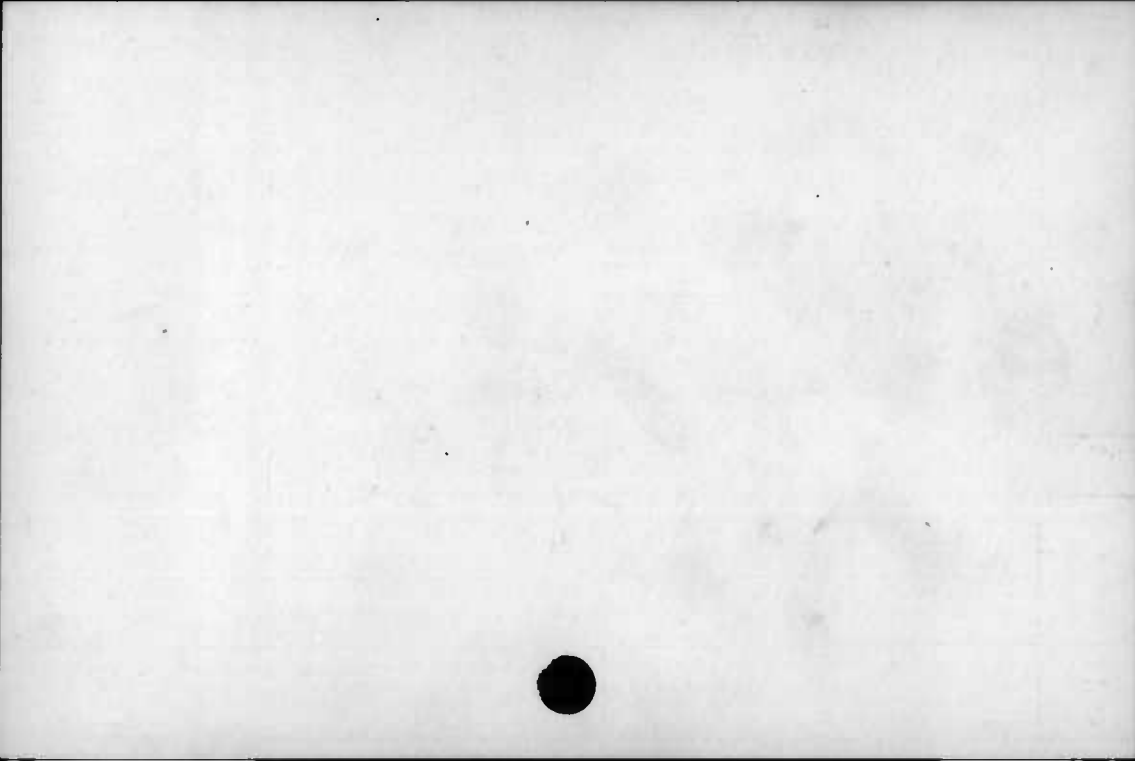
Died at <i>Mountview</i> ^{Town} <i>Hopt</i> ^{County} <i>Frederick</i>		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>June</i> ^{Day} <i>22</i> ^{Years} <i>27</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Mcormick & md</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wardens Nicholas Gessaway</i>	How related to deceased <i>No relation</i>		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>Several months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>As near as could be ascertained</i>	Signature of Physician <i>U. S. Brown</i>
	Address <i>Frederick, md</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Robert Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Mount view Hotel</i>		County <i>Federick</i>	
Date of death <i>1908 June 26th</i>	Month <i>June</i>	Day <i>26th</i>	Age <i>63</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Federick Co., Md.</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Don't know</i>	Name of Wife or Husband <i>X</i>		
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Otto Gaver</i>	How related to deceased <i>No relation</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>General Paresis</i>	How long <i>Indefinite</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>As near as could be ascertained</i>	Signature of Physician <i>W. G. Brown M.D.</i>
	Address <i>Federick Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

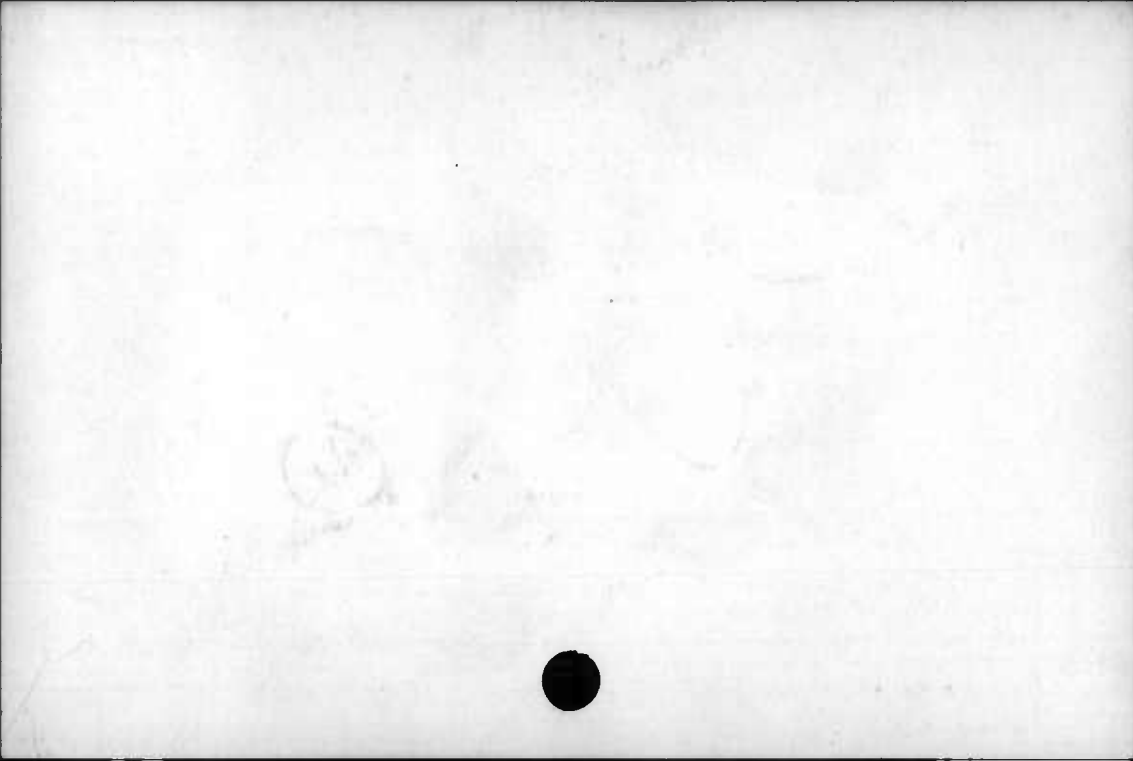
Name <i>Teresa Preto Robinson</i>		Town <i>Thermopylae</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Thermopylae</i>		Month <i>June</i>		Day <i>14</i>		Age <i>77</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>female</i>		Color of Race <i>white</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i>nothing</i>		Where Residing if not at place of death <i>Baltimore Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>H. B. Robinson</i>					
Father's Name <i>Francisco Preto y Neto</i>		Father's Birthplace <i>Spain</i>					
Mother's Maiden Name <i>Miss Griffith</i>		Mother's Birthplace <i>New Jersey</i>					
Name of person giving information <i>C. G. Robinson</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <i>Periculous Malarioid fever</i>		How long <i>176 hr</i>	
Immediate <i>Anemia - Exhaustion</i>		How long <i>4 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Morris A. Bailey</i>	
		Address <i>Thermopylae</i>	
Accident or Suicide? <i>No</i>		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin F. Rohrbach

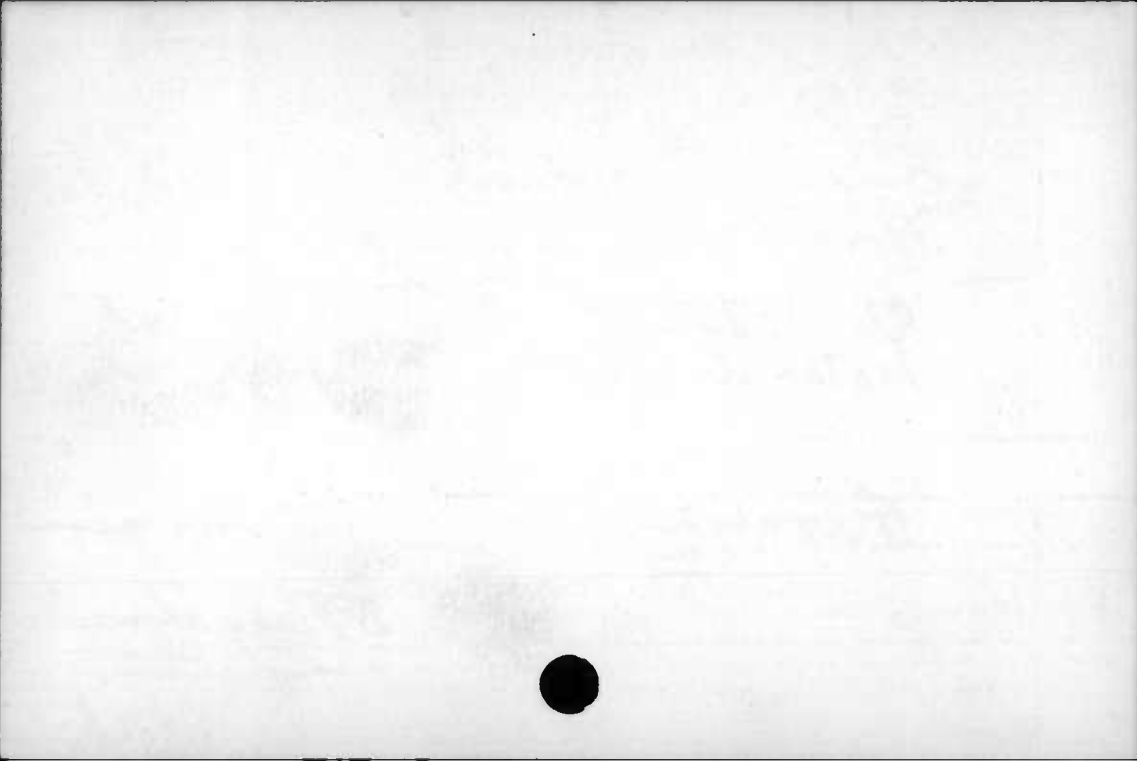
Died at <i>Burkettsville</i> <small>Town</small>		<i>Fred</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>24</i>	Age <i>49</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sydia Rohrbach</i>				
Father's Name <i>Jacob Rohrbach</i>	Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Nancy Hanes</i>	Name of person giving information <i>Ferny Rohrbach</i>		How related <i>Sister</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>10 yrs</i>
Immediate <i>Tubercular meningitis</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Younger</i>
	Address <i>Burkettsville, MD</i>
Accident or Suicide? _____	



Name
in
Full

Martha C. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Patuxent Town Frederick County

Date of death 1908 June 15 Day 73 Years 10 12 Months Days

Sex Female Color or Race Colored Birth-place Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Sanders

Father's Name Eli Williams Father's Birthplace Md.

Mother's Maiden Name Martha C. Norris Mother's Birthplace Md.

Name of person giving information How related to deceased

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis How long Two years

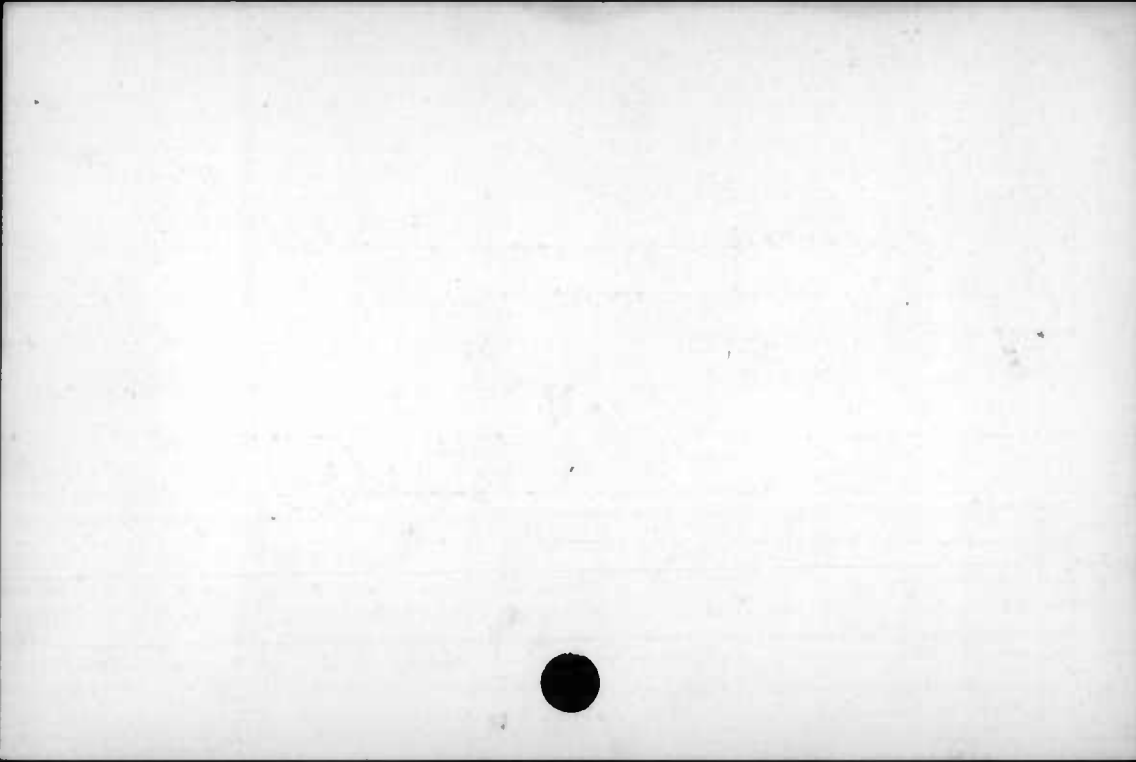
Immediate #4 Emaciation How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. S. Hughes

Address Linton

Accident or Suicide? Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *John Henry Saylor*
Troutville Town *Friesenick* County

MARYLAND

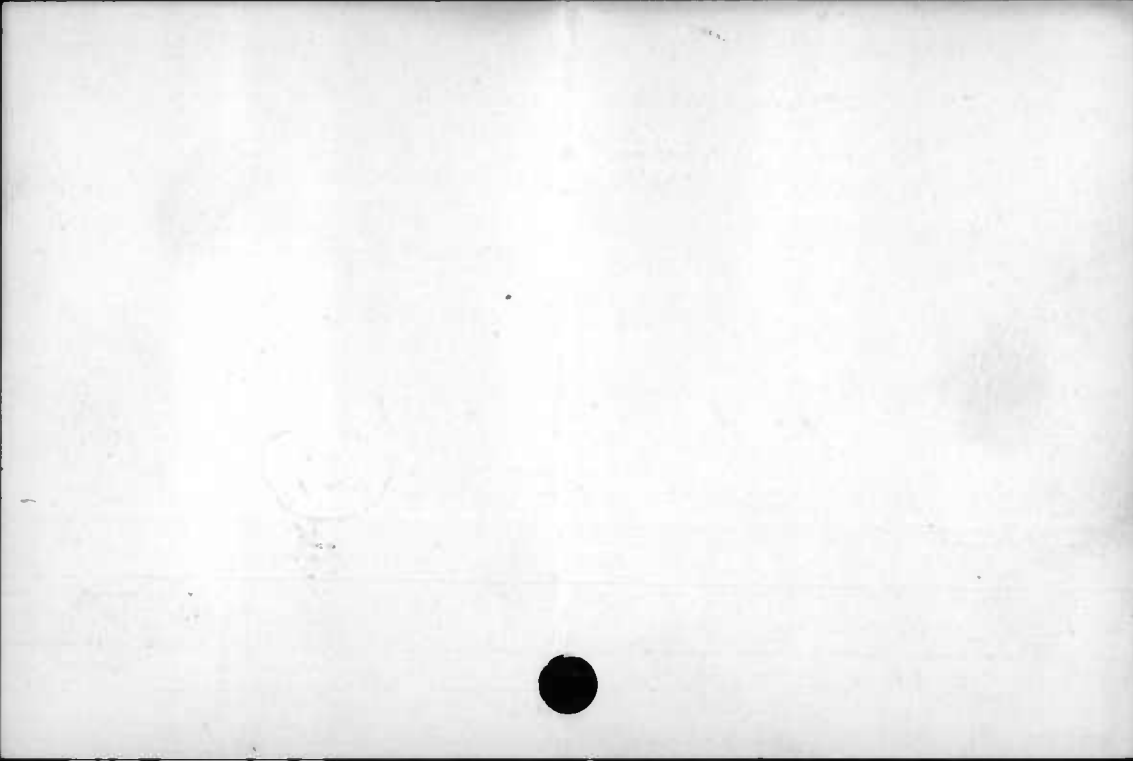
Date of death *1908* Month *June* Day *7* Age *76* Years Months *2* Days *6*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Retired Farmer* Where Residing if not at place of death *Troutville*Married, Single or Widowed *Married* Name of Wife or Husband *Lane Ledgewood*Father's Name *Emanuel Saylor* Father's Birthplace *Don't know*Mother's Maiden Name *Miss Rieck* Mother's Birthplace *Don't know*Name of person giving information *Allen Saylor* How related to deceased *Son*

CAUSES OF DEATH

27

Primary *Do Not Know*How long *Do Not Know*Immediate *Tuberculosis*How long *Do Not Know*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. W. Cable*Address *Woodward, Md.*

Accident or Suicide?



Name
in
Full

Infant, Sunday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

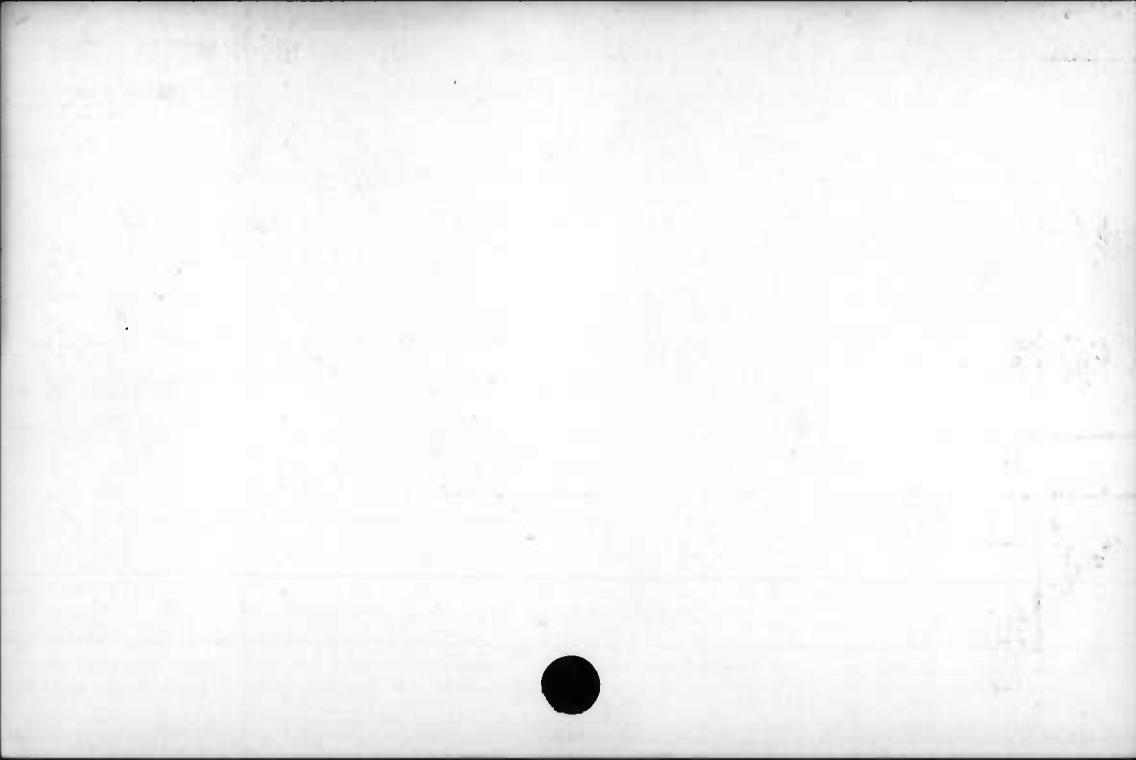
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month June	Day 27th	Years 1908	Months 1	Days 1	
Sex male		Color or Race white		Birth-place Md Frederick			
Occupation Infant		Where Residing if not at place of death ~					
Married, Single or Widowed Infant		Name of Wife or Husband					
Father's Name Harry C Sunday		Father's Birthplace Md					
Mother's Maiden Name Grace J. Roy		Mother's Birthplace Md					
Name of person giving information H. C. Sunday		How related to deceased Father					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth 7 mo.	How long	7 month
Immediate	Cardiac Paralysis	How long	Chorus
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. A. Hedger	
Address		Frederick	
Accident or Suicide?			



Name
in
Full

Sarah Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

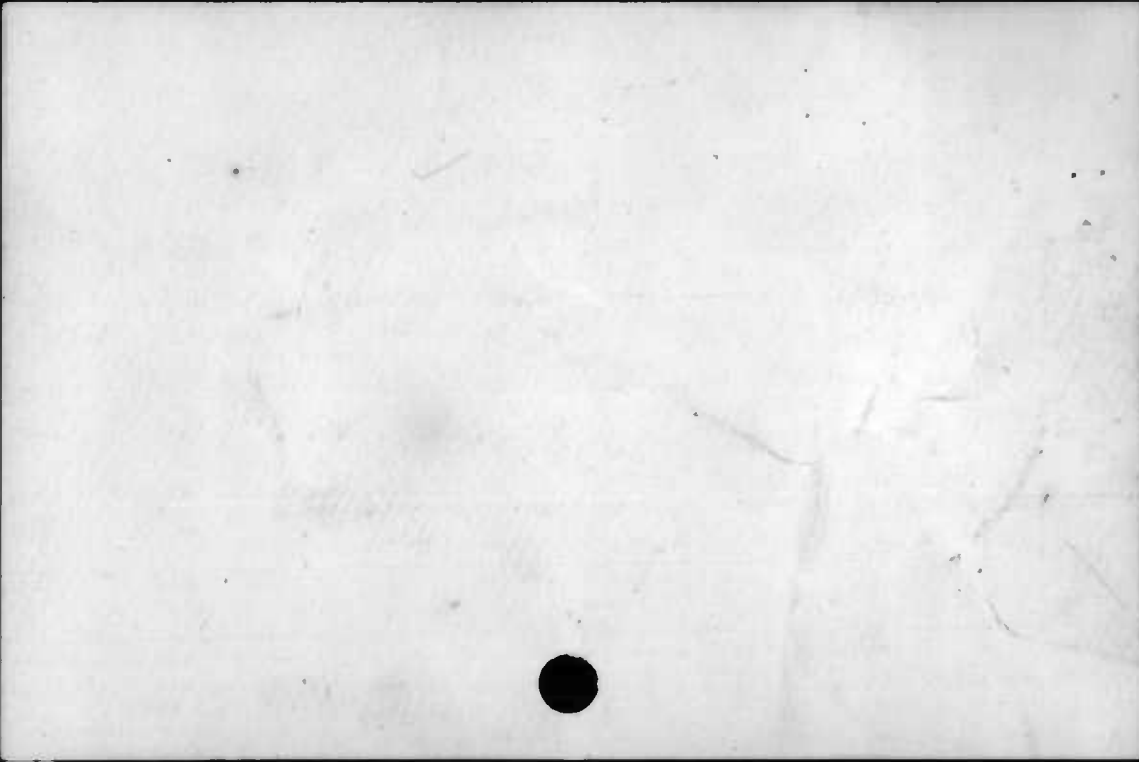
Died at <u>Centerville</u>		Town <u>Frederick</u>		County		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>25</u>	Age <u>6</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Phila. Pa.</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>Centerville Md.</u>				
Married, Single or Widowed <u>S.</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Edward Thompson</u>				Father's Birthplace <u>Centerville</u>			
Mother's Maiden Name <u>Sylvina Harris</u>				Mother's Birthplace <u>Centerville</u>			
Name of person giving information <u>Edward Harris</u>				How related to deceased <u>father</u>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 weeks</u>
Immediate <u>Infantile cerebral Paralysis</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Benj. C. Perry Md.</u>
	Address <u>Araby Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

George W Tracy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

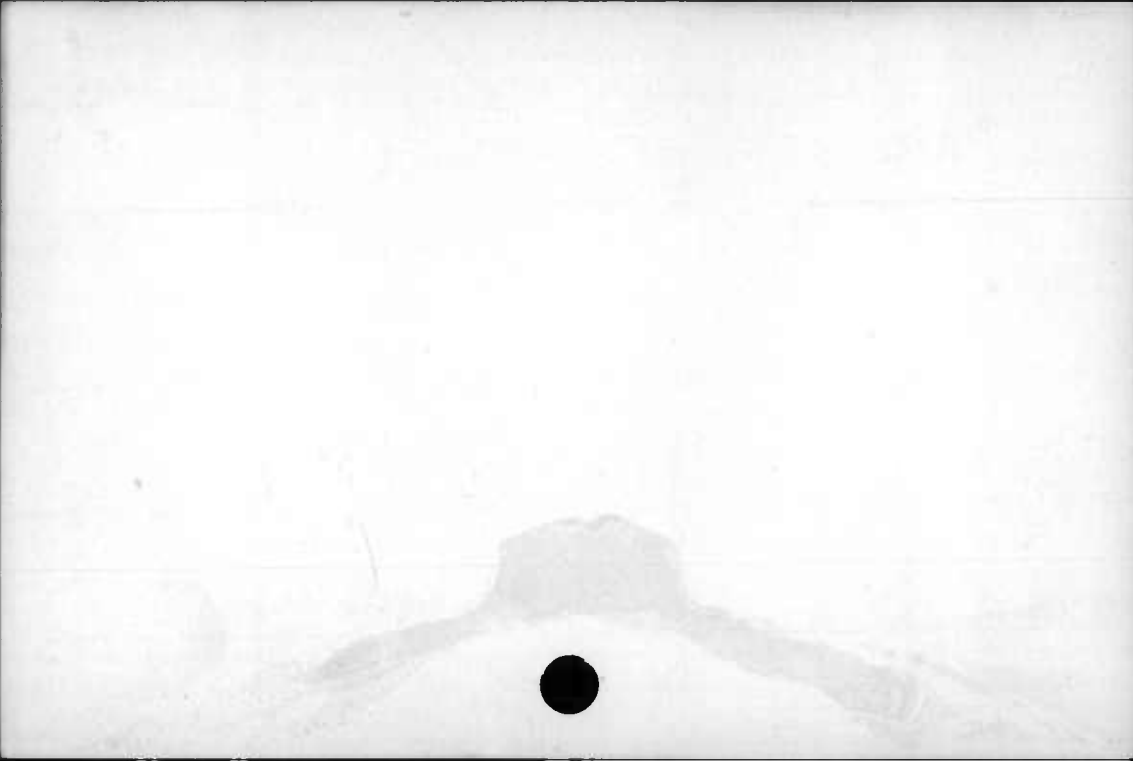
Died at		Town Middletown		County Frederick		MARYLAND	
Date of death		Month June	Day 29	Years 65	Months 8	Days ↪	
Sex	Male	Color or Race	White		Birth- place	Frederick Co	
Occupation	Cooper			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		↪		
Father's Name	John Tracy				Father's Birthplace	Fredk Co	
Mother's Maiden Name	Ann Sophia Cronk				Mother's Birthplace	Fredk Co	
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	Gastric ulcer	How long	unknown
Immediate	Exhaustion + Heart failure	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ed Beckley
		Address	Middletown
			Ind
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles W. Tresler

Town *Loys* County *Frederick* MARYLAND

Died at *Loys*

Date of death *1908* Month *June* Day *9th* Age *44* Years *6* Months *24* Days

Sex *Male* Color or Race *White* place *✓*

Occupation *Farmer* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Stambaugh*

Father's Name *George Tresler* Father's Birthplace *Unknown*

Mother's Maiden Name *Levernia Mills* Mother's Birthplace *Unknown*

Name of person giving information

How related to deceased

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *Two years*

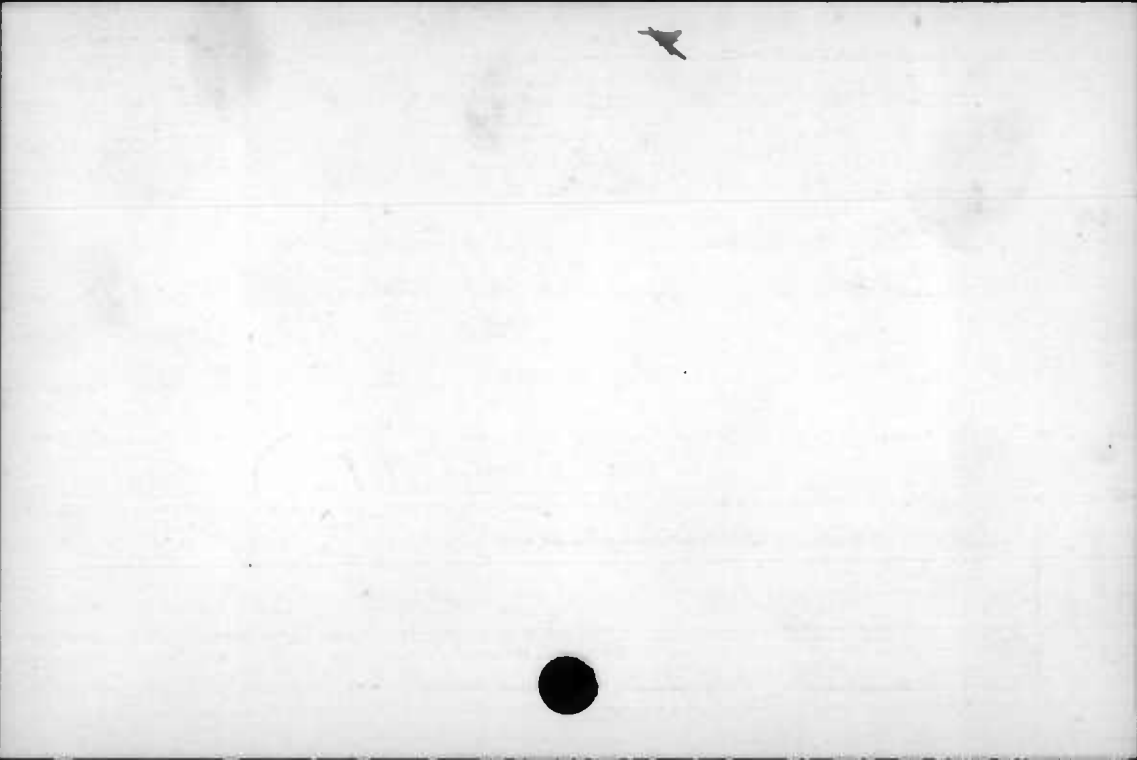
Immediate *Gastro Enteritis* How long *Five days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. D. S. Young*

Address *Breagertown, Fredk*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Susan Ludy

Town

County

MARYLAND

Died at Myersville

Date

1908

Month

June

Day

20

Age

Years

78

Months

5

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Myersville

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

William Ludy

Father's
Name

Geo. Dutrow

Father's
Birthplace

Unknown

Mother's
Maiden Name

Susan Dutrow

Mother's
Birthplace

Wash. Co.

Name of person giving
In formation

Jos. Ludy

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Organic Heart Disease

How long

year

Immediate

Unknown

How long

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

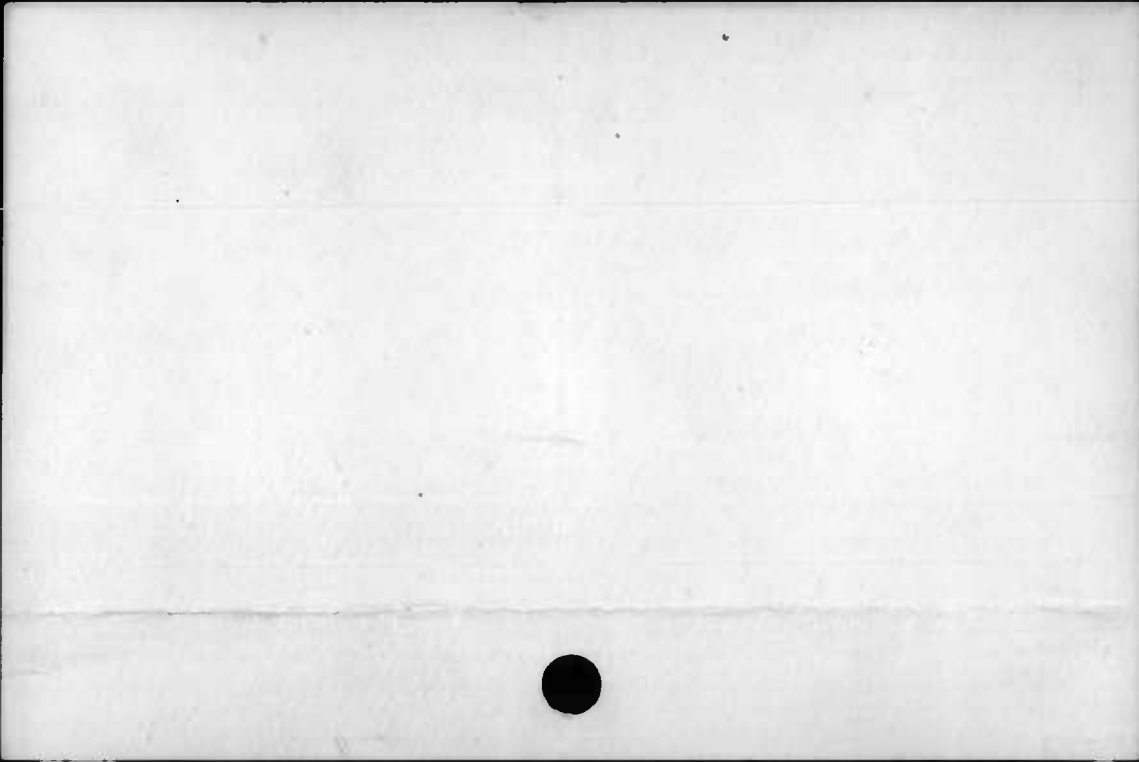
B. H. Hoke M.D.

Address

Myersville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

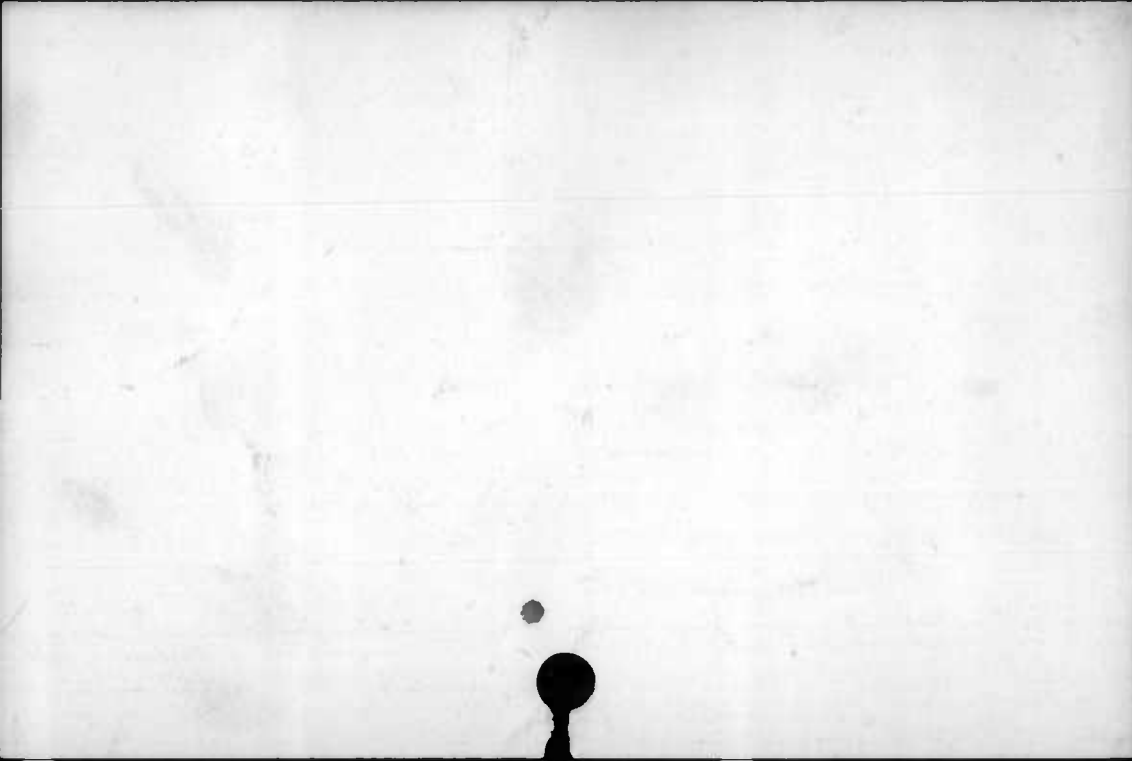
Name in Full Wesley Sumnerfield Tull		Town Indenoch		County Indenoch		MARYLAND	
Died at		Date of death		Age		Months	
		1908		77		X	
Month 6		Day 15		Years		Days	
Sex Male		Color or Race White		Birth-place Pomeroy, Ohio			
Occupation Retired Farmer.		Where Residing if not at place of death X					
Married, Single or Widowed Married.		Name of Wife or Husband Eleanor M. Tull					
Father's Name John Tull		Father's Birthplace Sumner Co. Md					
Mother's Maiden Name Esther Handy		Mother's Birthplace " " "					
Name of person giving information Eleanor M. Tull		How related to deceased Wife					

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary Tuberculosis (Lung)	How long 6 months
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Franklin Buchanan
	Address Indenoch Md
Accident or Suicide?	



Name
in
Full

Carrie Whipp Warehime

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

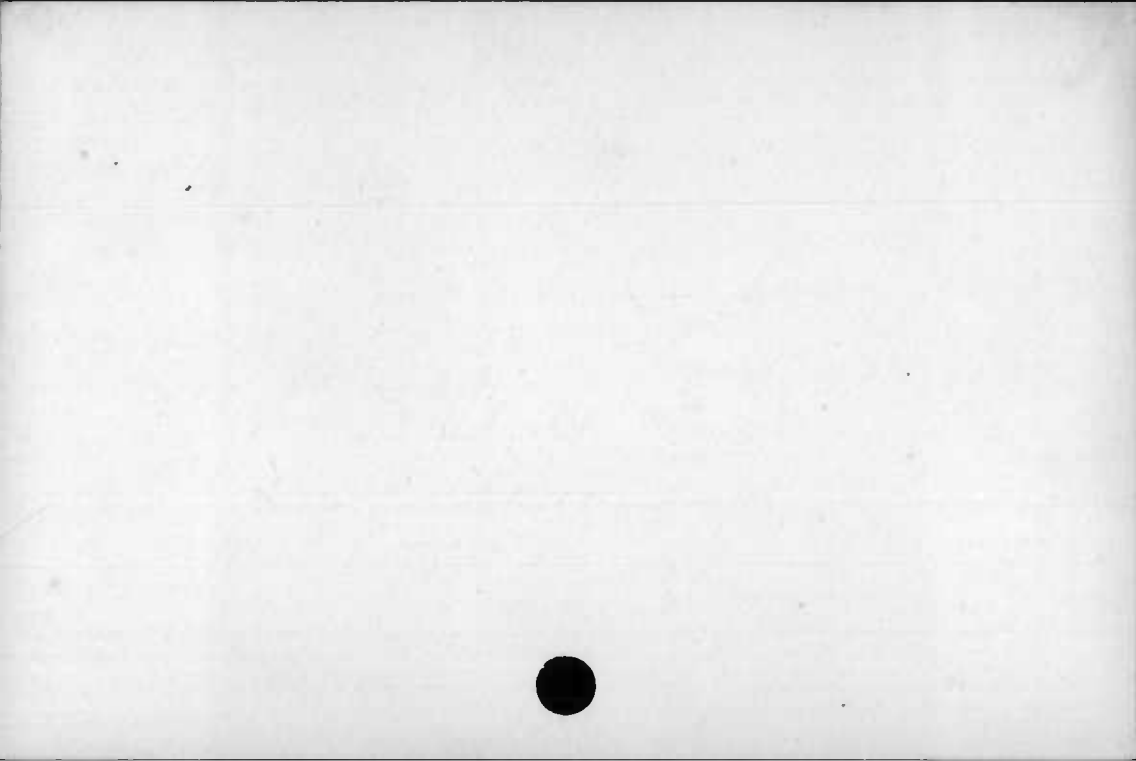
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1908	Month June	Day 21	Age 43	Years	Months 2	Days 25
Sex	Female		Color or Race	white		Birth- place	Frederick Co., Md.
Occupation	H. W.			Where Residing if not at place of death E. 2 ^d St., Frederick, Md.			
Married, Single or Widowed	Married		Name of Wife or Husband	Oliver C. Warehime			
Father's Name	David M. Whipp					Father's Birthplace	Fredk. Co., Md.
Mother's Maiden Name	Nettie Etta Gaver					Mother's Birthplace	Fredk. Co., Md.
Name of person giving In formation	Oliver C. Warehime					How related to deceased	Husband

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary	Operation for Uterine fibroid & Ovarian Cyst		How long	_____
Immediate	Intestinal paresis - Coma		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. O. Hendrix, M.D.
			Address	Frederick, Md.
Accident or Suicide?		No.	Died at Frederick City Hospital.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

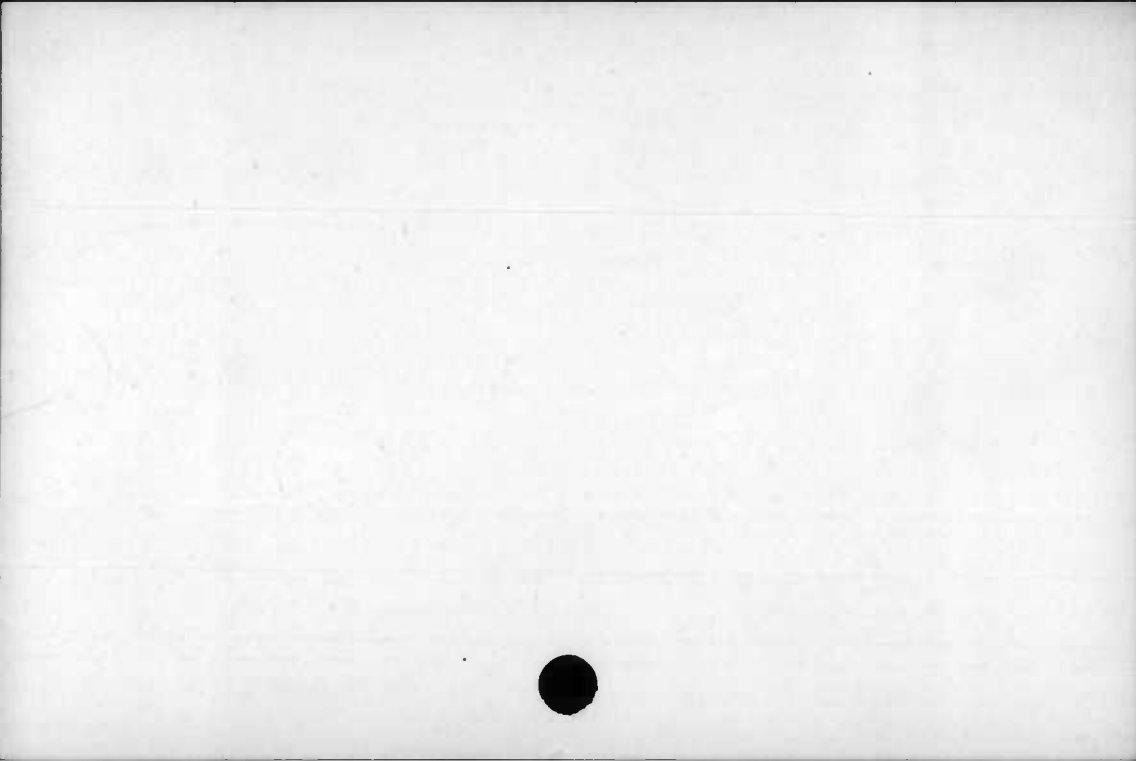
Name <i>Catherine Wise</i>		Town <i>Luna</i>		County <i>Fried</i>		MARYLAND	
Died at <i>Luna</i>		Month <i>June</i>		Day <i>9</i>		Age <i>61</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>9</i>		Age <i>61</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Daniel Wise</i>					
Father's Name <i>Wick</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mack</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Maria Bell</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Leucemia of Liver</i>	How long <i>6 or 8 yrs</i>
Immediate <i>Leucemia of Liver</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Clyde Roston</i>
	Address <i>Blackfoot</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Louisia Zentz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lumerton ^{Town} Frost ^{County} MARYLAND

Date of death 1908 ^{Month} June ^{Day} 9 Age 82 ^{Years} 5 ^{Months} 9 ^{Days}

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death _____

~~Maid, Clerk~~ or Widowed Name of late or Husband Daniel Zentz

Father's Name Unc Father's Birthplace Lytham

Mother's Maiden Name Unc Mother's Birthplace Wahnam

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Intra-capsular fracture of neck of femur ^{How long} died of shock

Immediate Lignry from fall ^{How long} 9 days

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician E. L. May Jr.

Address Lumerton

Accident or Suicide? ☒

